

APPENDIX 1

Talking mental health

**A blueprint
for the island**

July 2018



A mentally healthy island

Our blueprint for mental health 2018-2022

Foreword

Improving the mental health of our local population is a key priority for our health and care services on the Isle of Wight. This 'blueprint' document sets out our vision of how we might achieve this goal. We have been listening to people about what is important to them in order to develop this plan and we have developed this final document based on the feedback we have received.

In recent years, the need to improve mental health care has risen up the agenda, and rightly so. We know we need to support people to have improved mental health, and we can and must do better for everyone who needs more specialist help at times of their lives when they are vulnerable. If people are living with poor mental health this has a major impact on all aspects of their lives, so it is essential that we do more to give people support which works for them.

People should be able to rely on services which are easy to access, which are safe, and which are of high quality. We cannot honestly say that this is always the case, for everyone, today, but that is the ambition we must strive towards.

On our island we are fortunate to have strong and vibrant communities, which can play an active part in helping to support good mental health. Many people from those communities have already played a part in getting this blueprint to this point, but we want that involvement to continue, and to hear from more people who can help us to get mental health services right.

I hope you find this blueprint useful in describing the 'big picture' of the future of mental health care on the island. But more importantly, I hope it encourages you to get involved as we take this work forward and implement our plans. If you would like to do that, then please see the section near the end of this document, which includes a variety of ways in which you can get in touch with us. We look forward to hearing from you.

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A summary of our proposals

Our aim

With our partners and local communities we will become a mentally healthy island. We will promote self-care and prevention through the delivery of high quality mental health services, at all times focusing on the person themselves being in control and developing personal, family and community resilience.

Our ambitions

Supporting people to maintain good mental health and renewing our focus on delivering prevention

We will encourage the public to have good mental health and work with us to develop services that better meet their needs.

We will address the factors that can lead to poor mental health and wellbeing.

We will reduce the number of lives lost through suicide.

Reducing stigma and raising mental health awareness

We commit to eliminating stigma and discrimination by starting and leading conversations which promote positive perceptions of mental health.

Revitalising our approach to health and care services

We will develop whole life integrated pathways for mental health that start in the community and connect effectively with other specialist services.

We will break down the boundaries between GPs, community and hospital services and third sector partners.

Through a renewed commitment to partnership between the NHS, the Council, the voluntary sector and the public, our focus will be on enabling people to live a full and meaningful life despite mental ill health.

Recovery

Our mental health services will support recovery to promote, hope, independence, wellbeing and choice.

Developing our workforce

Our services will have the right mix of trained, skilled, experienced and compassionate staff.

We will extend our employment of peer workers and work with the local third sector and independent sector workforce.

Making the money work

We will change the way we spend our money and focus more on prevention and community based services.

Improving quality, outcomes and holding to account

We will set new standards for the quality of our local mental health services.

We will agree the outcomes to be achieved by those providing services and we will hold them to account.

We will evaluate the experience of people who use our services and involve them in how we respond to what they tell us.

Why we need a mental health blueprint

Poor mental health can affect all of us, regardless of our gender, ethnic background or social status. The Isle of Wight is no different to other places in that the effects of poor mental health impact not only individuals, but their families and friends, carers, employers and communities across the island.

The Isle of Wight has a statistically higher prevalence of mental illness than the English national average. The percentage of people diagnosed with a mental health problem and on a GP register is approximately 1.1%, this equates to 1,602 people; this is higher than the English national average of 0.9%.¹ The rate of GP registered people with diagnosed depression is around 5%.

It is estimated that there are almost 2,000 people living with dementia on the island. Current estimates suggest a 24% rise in dementia by 2024.²

Carers are an essential component of the health and social care economy and save the government approximately £119 billion each year. (NHS England 2014). On the Island we have over 16,000 carers providing help and support that helps to keep people living within their own homes. Without support the Island's services simply could not cope with demand.

Mental health and wellbeing among children and young people can set the pattern for their mental health throughout their lifetime. Half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24³. Across the country, at any one time, one in ten young people aged 5 to 16 years have a mental health problem, and many continue to have mental health problems into adulthood.⁴ By applying this 1 in 10 measure to the Island's population, around 1,700 young people aged 5 to 16 could be experiencing such mental health problems.⁵

Nearly as much ill health is mental illness as all physical illnesses put together. There really is no health without mental health.

¹ IoW Joint Strategic Needs Assessment fact sheet – Mental Health February 2017

² Living well with dementia on the Isle of Wight 20145-19

³ [The Five Year Forward View for Mental Health, 2016](#)

⁴ http://youngminds.org.uk/media/1410/strategic_plan_2016-20_key_objectives.pdf

⁵ For similar figures also see: estimated prevalence of mental health disorders 5-16 year olds: <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/>

We know that our mental health services have not performed as well as they should and that for some people, their experience has not been as good as it should have been. Some have described the experience as *'like being in a pinball machine, bouncing around'*. On too many occasions people have not been able to get the care they need, when they need it, or they have not had access to the right services.

The NHS, the Council, the voluntary sector and other organisations involved in the delivery, or supporting the delivery of mental health services have agreed that we must all work together to make further changes to the way in which services are delivered, but also to address some of the factors that influence the mental health of islanders.

We have heard from a wide range of people in our communities and from those using mental health services about their experiences and how they think they could be improved. Through our My Life, A Full Life programme, from the findings from local Healthwatch reviews and the Care Quality Commission report, we have heard and reflected carefully on what people have said. In developing this blueprint, we have drawn upon those views and experiences in order to ensure they have informed our thinking about the future.

We've already started making improvements, but we're committed to doing more. That is why we have developed this blueprint for mental health. It sets out our vision and describes our shared aspirations for change. We want you to join us as we develop more detailed plans for the delivery of this blueprint.

Good mental health and wellbeing are central to living a healthy, productive and enjoyable life. Achieving the ambition of being a mentally healthy island that enables everyone to thrive is our aim for the people of the Isle of Wight.

What we mean by mental health

When we talk about mental health, we are talking about both good and poor mental health. It's possible to have poor mental health but no mental illness.

A mental illness is an illness that affects that way people think, feel, behave, or interact with others. There are many different mental illnesses, and they have different symptoms that impact peoples' lives in different ways. Mental illness includes a wide spectrum of mental health problems from common conditions such as depression and anxiety to severe mental illnesses such as schizophrenia and bipolar disorder.⁶

We believe that it is important to address mental health and mental illness jointly. Our future focus will be on improving the mental health and wellbeing of the population of the island as a whole and ensuring high quality services for those affected by mental illness.

Things which can affect our mental health

Our mental health can be affected by lots of different things. These can include our physical health, the use of alcohol or drugs, where we live, our finances, our education, having a child and our relationships. In thinking about our approach to improving mental health, we have considered the impact of some of these areas.

⁶ Canadian Mental Health Association

Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential of those who care, which can result in significantly poorer health and quality of life outcomes. These in turn can affect a carer's effectiveness and lead to the admission of the cared for person to hospital or residential care.

Physical health

Poor physical health increases the risk of mental illness. Mental ill health and poor mental health are associated with increased chances of physical illness, increasing the risks of the person having conditions such as coronary heart disease, type two diabetes or respiratory disease.⁷ Other long term conditions, pain and living with the effects of cancer are all associated with high levels of mental illness.

Life expectancy of people with severe mental health problems today is the same as it was for the general population in 1950.⁸ On average people with severe mental illness are likely to die 10-20 years younger than other members of the population.⁹

Life expectancy for both men and women on the island is similar to the England average. However at a local level, life expectancy is 4.9 years lower for men in the most deprived areas of Isle of Wight than in the least deprived areas.¹⁰

People with mental health conditions are less likely to receive the physical healthcare they're entitled to. We don't believe this is acceptable and we will work to fix this gap. When considering mental health and physical health, the two should not be thought of as separate.¹¹

Housing

A settled home in good quality, safe and affordable accommodation is vital for good mental health.¹² People with mental health problems are much more likely to experience uncertainty in relation to their housing, including about how long they can remain in their current property.¹³

For people with poor mental health, gaining access to general or supported housing can be difficult. Without a settled place to live, access to treatment, recovery and independence can be problematic. Housing provides the basis for individuals to recover, receive support and return to an independent life.¹⁴

We believe that affordable and safe housing and housing with support that responds to crisis and provides longer-term support for recovery should be key elements in the range of services available in our community.

⁷ Prevalence, incidence and mortality from cardiovascular disease in patients with pooled and specific severe mental illness: a large-scale meta-analysis of 3,211,768 patients and 113,383,368 controls Correll, C et al World Psychiatry 2017

⁸ Mental health patients face 'unacceptable mortality gap' The Independent newspaper 25 October 2016

⁹ World Health Organisation http://www.who.int/mental_health/management/info_sheet.pdf

¹⁰ IoW Health Profile Public Health England September 2016

¹¹ The Mental Health Foundation: www.mentalhealth.org.uk

¹² Housing & mental health Appleton, S. Molyneux, P. NHS Confederation Mental Health Network 2011

¹³ A basic need: housing policy and mental health Bradshaw, I. Centre for Mental Health 2016

¹⁴ Mental Health and Social Exclusion, Social Exclusion Unit 2004, Office of the Deputy Prime Minister

Employment

On average, at any one time nearly one in six of the UK workforce is affected by a mental health condition such as depression or anxiety.¹⁵ People who are unemployed are between four and 10 times more likely to develop anxiety and depression.¹⁶

We know that suitable work is good for our physical and mental health.¹⁷ However, nationally, less than 10% of people using mental health services are in paid employment although at least half would like the opportunity to be in work.

People who experience mental ill health often find it hard to access support to help them recover and get back into work or to maintain their employment. For most people, being in or getting back to work is an important part of both their recovery and maintaining their independence. We believe that having effective services like Individual Placement and Support (IPS)* can provide crucial support to address the employment gap.

Education

Mental health problems have been linked with poor educational achievement and consequent lifetime disadvantage.¹⁸ Research shows that the impact of poor mental health on educational attainment is significant.¹⁹

Poor mental health is positively associated with the probability of being 'not in education, employment or training'.²⁰ We know that excluding children from school may lead to long-term mental health problems and psychological distress. In turn, it is also found that poor mental health can lead to school exclusion.²¹

We believe that promoting and ensuring the mental health and wellbeing of young people who are pupils or students within schools and colleges has the potential to improve their educational outcomes and their mental health and wellbeing outcomes.²²

Mental health inequalities faced by particular groups

Although mental health affects everyone, it does not do so equally. People from Black and Minority Ethnic BAME communities, and other groups such as lesbian, gay, bisexual and transgender (LGBT+) people are disproportionately affected by mental health problems.

Similarly homeless people, those dealing with addictions and those in contact with the criminal justice system are at higher risk of experiencing poor mental health, and are less likely to seek and access support.²³

*IPS is a 'place then train' supported employment model, in which trained employment specialists work intensively with clients to quickly help them find paid, competitive work and then continue to support them and their employer for as long as necessary. Doing what works: IPS into employment Sainsbury Centre for Mental Health 2009 .

¹⁵ Employee Outlook CIPD July 2016

¹⁶ Mental Health and Work Lelliott, P. Tulloch, S. Boardman, J. Harvey, S. Henderson, H Royal College of Psychiatrists 2008

¹⁷ The experiences of people with serious mental health problems obtaining employment. Bradshaw, I. Hann, A, Kotecha-Hazzard, R and Robotham, D. The McPin Foundation March 2017

¹⁸ Child mental health and educational attainment Johnston, D. et al Institute for Social & Economic Research 2011

¹⁹ ibid

²⁰ Mental health and education decisions Corgnalia, F. et al London School of Economics 2012

²¹ The Relationship between Exclusion from School and Mental Health Ford, Prof T et al University of Exeter DOI: 10.1017/S003329171700215X To be published in Journal of Psychological Medicine 2017

²² The link between pupil health and wellbeing and attainment Brooks, Prof. F. Public Health England 2014

People who have had adverse childhood experiences, been victims of crime, who are unemployed, lone parents, carers or who are having financial difficulties, people with long-term physical conditions or learning disabilities and looked after children are also more likely to experience poor mental health.

Our current situation

Many people have expressed their views and thoughts about what is going well and where things need to improve. We have reflected on the feedback we have received from people who use services and the wider public following local engagement events, and the findings of local Healthwatch reports and the Care Quality Commission report, where mental health services were rated inadequate.

We have also talked to a range of people who are involved in commissioning, managing and providing mental health services on the island. We also reviewed national policies and strategies and our current local strategies and plans to inform our thinking about how we set a new direction. Some important issues emerged and we want to share those with you to provide a context for why we need to set a new course.

'It was hard when my son was admitted to hospital, as the staff wouldn't talk to me, they just said: I cannot talk to you without your son's permission. However, it was ok to discharge him to my home without consulting me. I wanted to be considered as part of the team, my son would come home and I would then be on my own and take over from the professionals.'

Carer's Viewpoint

How our services operate

We agree that our mental health services have not developed in a way that has kept pace with improvements in other parts of the country. They remain too dominated by traditional clinical approaches to care and support that rely too much on healthcare professionals, they are fragmented and are not well integrated. They take a paternalistic approach that is not recovery focused. The consequence of this is twofold.

Firstly, it results in higher levels of bed occupancy, with some people in hospital who we know in other parts of the country would not be there. Secondly, it results in caseloads that contain many people who are not receiving anything other than sporadic review. People are then not able to move between hospital and the community resulting in a blocked system that delays rapid access and timely discharge.

We want to focus on preventing mental ill health and we will ask people with lived experience to guide our work.

Evidence gathered through local work to compare caseload profiles and national benchmarking data shows that there are a significant number of people in contact with community health services and in hospital who would not meet the threshold for similar services in other parts of the country. There is a lack of clarity within the system about the role and purpose of secondary care mental health services.

²³ Thrive West Midlands, an action plan to drive better mental health and wellbeing in the West Midlands January 2017

We know that mental health historically has not had sufficient focus in our organisations. The Isle of Wight Trust has recognised that clinical and operational leadership have been undertaken at a lower managerial level than they should have been. The recent appointment of a Director of Mental Health brings renewed focus and commitment.

In the Clinical Commissioning Group, steps have been taken to strengthen commissioning. The appointment of an Assistant Director of Integrated Commissioning will give additional focus and leadership to mental health and how services work more effectively.

Local authorities have a key role in promoting wellbeing and improving mental health in their communities. The Isle of Wight Council has reaffirmed its commitment to mental health by appointing a Cabinet member as Mental Health Champion. Their role will help in ensuring the priority of mental health within the Council, strengthen partnership working, and will link to a national network of local authority mental health champions.²⁴

Prevention and community based approaches

There has not been a concerted or coordinated programme of work led by Public Health that is focused on preventing the occurrence of poor mental health. We agree that more can be done to improve mental health awareness, to tackle stigma and discrimination, and to engage those using services and the wider public in discussions about future developments. We need to do more to support children's mental health, as poor mental health in childhood is a prediction of poor mental health in adulthood and impacts on life chances and equality.

Alternatives

We have developed the safe haven hub, which is piloting a safe place in the community for people experiencing an emotional, mental health crisis, where they can go for advice and support by individuals who have experienced mental health crisis themselves, but we need more alternatives to admission to hospital and to help timely discharge. This includes improving our crisis resolution and home treatment services and our community mental health services. It may also require a shift in resources from hospital to community services. We also need more housing and support services and ways to help people into work.

Carers are usually the first to be aware of a developing crisis and usually the first to notice the early warning signs of a relapse. We have developed the Carers Lounge based at St Marys Hospital, run by Carers IW a third sector organisation, that offers carers a place to unwind, get some advice, emotional support especially when things get overwhelming.

Working together

The CCG, the Trust and the Council want to strengthen our partnership to deliver improvements in the islands mental health. We have listened to the views of local communities and people who use mental health services. In response to those views and the findings of the Care Quality Commission report, we are already putting in place detailed plans to improve three specific areas: acute, community and rehabilitation and recovery, but this is just the start of the work we need to do as we work together to improve mental health services on our island.

²⁴ <http://www.mentalhealthchallenge.org.uk>

Investment

The CCG invests over £24.5m each year on mental health and learning disability. This includes the money we spend on services outside the island, and the funding to voluntary sector organisations. The Council invests around £14.5 m in mental health. This includes staffing as well as residential and nursing home payments, and direct payments.

The Five Year Forward View for Mental Health, the national plan for mental health, sets out expectations for the levels of investment. We believe the ambitions in this blueprint help us to make the best use of the resources we have and to demonstrate our commitment to allocating appropriate levels of funding to investment in mental health.

Continuous improvement

Some elements of our services are doing well, most notably the Improving Access to Psychological Therapies (IAPT) service, which is among the top performing IAPT services in England. Operation Serenity, the Island's street triage service that identifies people in the community in emotional, mental health crisis and arranges for them to be seen jointly at home (in community) by qualified mental health nurses and police officers, is a service that has been highlighted as a model of good practice. However, we know that for many people, getting help when they need it remains harder than it should be, with some waiting a long time to get support.

The Care Quality Commission (CQC) inspection report found that our services for adults and older people with mental health problems were inadequate and highlighted particular concerns about safety.

They also found that our electronic records systems were not of a good standard and that care planning could be significantly improved. The CQC also found that we need to improve our in-patient services, in particular those for older people and that the provision of specialist dementia beds was affected by the lack of alternative provision in the community.

The need for improvements to the standard of the environment in our in-patient wards was also highlighted.

Healthwatch Isle of Wight is an independent consumer champion created to gather and represent the views of the public on health and social care. Mental health was the top issue in their annual prioritisation surveys for 2016/17 and 2017/18. Healthwatch are playing a key role in speaking to people who are using services to ensure that their care has improved.

We have made progress in addressing the CQC's concerns. This blueprint is a further demonstration of our collective commitment to make continuous improvements to our mental health services. In particular we are committed to doing further work to make sure the experience of people using local services is positive and that their experience is used as part of our improvement processes.

Our proposals for the future direction of mental health services

We are setting a new direction for mental health in the Isle of Wight. This blueprint is built on a collective ambition to address the improvement of everyone's mental health. Our vision for the future is one that will tackle the issues that affect the mental health of islanders and will improve the quality of services available.

Our aim

With our partners and local communities we will become a mentally healthy island. We will promote self-care and prevention through the delivery of high quality mental health services, at all times focusing on the person themselves being in control and developing personal, family and community resilience.

To achieve our aim we have set out seven initial proposals for improvement. Each one is supported by changes or developments that will have a positive impact in achieving our overall aim. Our proposals are based on evidence of what works, areas highlighted by the Care Quality Commission, national policy and what people have told us will make a difference to their lives.

1. Supporting people to maintain good mental health and renewing our focus on delivering prevention

- *We will encourage the public to have good mental health and work with us to develop services that better meet their needs.*
- *We will address the factors that can lead to poor mental health and wellbeing.*
- *We will reduce the number of lives lost through suicide.*

Public health is about improving the health of the population through preventing disease, prolonging life and promoting health.²⁵ Addressing public mental health can help deliver a range of benefits including reduced levels of mental ill health, reduced suicide risk, better general health, and less use of health services.²⁶ This involves the promotion of mental health as an important issue and work to better engage the public in the debate about mental health and the improvement of local services.

We are proposing to give particular focus to three main areas of prevention:

- Self-care, mental health promotion and prevention.
- Enabling our communities to be mentally healthy and have their say.
- Reducing suicide.

²⁵ Guidance for commissioning public mental health services JCP-MH 2012

²⁶ Guidance for commissioning public mental health services JCP-MH 2012

Self-care, mental health promotion and prevention

We will give renewed focus to mental health promotion and self-care for the whole island. By doing so we will equip individual islanders with the skills and tools to manage the challenges of daily life and make them more resilient.

A case example of an approach to self-care and prevention

Five Ways to Wellbeing – Warwickshire

Public Health Warwickshire's Mental Health and Wellbeing Team led the development of the Five Ways to Wellbeing (5WtW). The programme provided and commissioned good information, evidence, support and resources to improve the mental health and wellbeing of people living in Warwickshire. 5WtW used a public health perspective on population mental health by championing good mental health and wellbeing for all.

The campaign raised awareness of wellbeing and supported the community to talk about wellbeing and build the ways to wellbeing into their lives. Bright and engaging resources were developed which encouraged people to make a pledge for their wellbeing and signposted to mental health and wellbeing services and supported frontline staff to start conversations about wellbeing.

This example is one that the Isle of Wight can learn from as we develop our plans.

Case example – SilverCloud

The Isle of Wight has already put in place a service called Silver Cloud. SilverCloud offers secure, immediate access to online supported cognitive behavioural therapy (CBT) programmes, tailored to individuals specific needs. The programmes consist of seven to eight modules - completed at the persons own pace, in their own time.

The goal of each module is for the person to take the information and techniques learned and to start applying them in their day-to-day life. SilverCloud can be accessed on a computer, tablet or mobile phone.

This is an example of local innovative work that supports people in maintain good mental health.

We know that some of the things that can prevent poor mental health lie outside the role of mental health services. They include environmental planning, public transport, education, access to leisure facilities and availability of general housing.

We will work closely with Council departments and local organisations in the public, private and voluntary sector across the island to ensure a joined up approach to the prevention of poor mental health through joint initiatives and educational work across the island.

Enabling our communities to be mentally healthy and have their say

We know that our island is not simply a collection of individuals with specific needs; when one person experiences poor mental health, it affects many more around them.

For us to effectively develop prevention efforts, we must have a thorough understanding of how mental ill health affects people in our communities. We know that when local people are empowered to have a say in their health, and to address and influence it, they are likely to be healthier and happier.²⁷ That's why we have listened to what people have told us and we want to ensure we enable a co-ordinated approach to ongoing engagement with the people using services and the wider public.

We will continue to gather information from islanders about the things they think most affect their mental health and how they would like to see these addressed.

This could involve the development of a citizens' panel, drawn from a cross section of the population, who would meet to consider the challenges faced on the island in relation to mental health, make suggestions for areas of work that might help and to play a part in reviewing proposals and ideas for change.

Citizens' panels are an innovative and proven way of engaging with the public and enabling them to participate. They are successful because they can convey to the wider community that citizens like them are being given complete access to information, are studying detailed evidence and hearing from subject-matter experts of their own choosing.²⁸ Citizens' panels focusing on mental health have been successfully used in the West Midlands, London Boroughs, the States of Jersey in the Channel Islands, in Australia and the United States.

We are committed to the principles of co-production to support mental health service development, delivery and evaluation. Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Our aim has been to involve as many people as possible in the development of this Blueprint and continue to involve people in how it is implemented.

Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.²⁹ We will continue to build upon our earlier work to involve the public and those with lived experience of mental ill health to plan, deliver and review our services through this commitment to co-production and regular meaningful engagement.

Reducing suicide

Every death as a result of suicide is a tragedy. It affects individuals, families and communities. We will do more to prevent this happening. Several approaches to prevent death by suicide are proving to be effective in reducing the numbers of completed suicides.

A number of areas in England have adopted what is known as a zero suicide approach. Developed in Detroit, zero suicide is now being used by health and social care organisations in Merseyside, the East of England and the West Midlands.

²⁷ Thrive London July 2017

²⁸ NewDemocracy February 2016

²⁹ Co-production network definition New Economic Foundation/NESTA

The zero suicide approach is rooted in the belief that suicide is not inevitable. In Detroit, this approach led to a 75% drop in suicides in the first four years, and for two years there were no suicides amongst the patient population.³⁰

Case example - Mersey Care zero suicide programme

Mersey Care became the first trust in the UK to adopt a Zero Suicide policy. It ratified that policy last year, committing to eliminating suicide from within its care by 2020. An online course is delivered to help staff look out for signs of distress. It also challenges the myths about inevitability and selfishness that still exist around suicide. Mersey Care's plan also includes easier access to crisis care, better safety plans for each patient, and swifter investigations after deaths or suicide attempts, with a focus on learning rather than blame.

Every service user with a history of intent or self-harm is given a personalised safety plan while a Safe from Suicide Team has been created as part of the new assessment and immediate care service. The team continually monitors the highest risk people who use services who have either been referred to us or are already in our care and intervene rapidly and effectively to reduce risk.

We will review the learning from the Mersey Care experience and elsewhere and use this to inform our work in developing a zero suicide ambition.

We are reviewing and refreshing our existing suicide prevention strategy, learning from the good practice in other parts of the country and adopting their approach. We will galvanise local leaders and commit ourselves to the aspiration of achieving zero suicide for the Isle of Wight. This will take time and is a long-term goal. We will start with a commitment to reducing suicide among those people known to our mental health services.

We will also work with local communities to raise awareness of suicide and its impact. Our focus will be on those people who are most at risk on the island, initially with men over 50, given they are at greater risk, with the aim of extending this work to other groups.

Public Health Pilot Programmes

PEACH Pilot - (Partnership for Education, Attainment and Children's Health) working with engaging schools and families to improve attainment through increased health and wellbeing. PEACH has the potential to provide training to teachers to enable them to identify the risks associated with suicide and implement strategies to mitigate the risks to a child or young person. Currently PEACH is aimed at primary school age with the aim of expanding into secondary schools.

ACES Pilot (Adverse Childhood Experiences) - There is greater understanding about the impact of adverse childhood experiences on adults and children, especially at 'transitional stages'. The pilot is to raise awareness of ACEs across the system.

³⁰ Depression Care Effort Brings Dramatic Drop in Large HMO Population's Suicide Rate, Hampton, T. JAMA, May 19, 2010—Vol 303, No. 19

2. Reducing stigma and raising mental health awareness

We commit to eliminating stigma and discrimination by encouraging conversations which promote positive perceptions of mental health.

Many people with mental health problems continue to experience stigma and discrimination. This can affect not only their view of themselves as a person, but can also affect their experience of relationships, employment, or where they live. Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives³¹.

This stigma and discrimination is not equal even within mental health. For example a person with schizophrenia is less likely to be accepted into society compared with a person with depression.³² We also know that people who have mental health problems who are from black and ethnic minority communities, or members of the LGBT+ community often face a double discrimination.

Although attitudes are beginning to change, stigma and discrimination have a big effect on a person's self-esteem and confidence. More stigma is associated with mental health problems than other health problems.³³ It can also prevent people with mental health problems from seeking help.

We will improve the awareness and understanding of mental health across the island, with the aim of improving mental health literacy in all parts of our population.

We will do this by drawing upon the experience of other places, notably New York and Philadelphia in the United States, but also in the West Midlands and London by using forms of training, such as mental health first aid to enable people to know how to spot the signs of mental ill health in their fellow citizens and how best to respond to it.

We will raise awareness of mental health in our own organisations and in local businesses. In particular we will encourage the adoption of the Time to Change pledge by local employers. Now established for ten years, Time to Change is a national campaign to improve mental health awareness.

We will identify a Carers Champion on each ward who will promote carer engagement and ensure that they help co-ordinate whole team attention on carer issues and promote good practice among colleagues. We will work with the Carers Lounge to ensure Carers are offered support through Carers IW.

³¹ Stigma and discrimination Mental Health Foundation <http://bit.ly/1RxUdZL>

³² Attitudes to mental health problems and mental wellbeing British Social Attitudes NatCEn Social Research July 2016

³³ Stigma: a review of the evidence, Young Minds

Case example - Time to Change Employer Pledge

The Time to Change Employer Pledge enables organisations to demonstrate their commitment to change how we think and act about mental health in the workplace and make sure that employees who are facing these problems feel supported. Over 500 employers in England across all sectors from FTSE 100 companies and leading retailers to Government departments and local authorities have signed up.

We will encourage local employers to sign the Time to Change Employer pledge as part of our commitment to improving mental health in the workplace. We will start with our services and partner organisations.

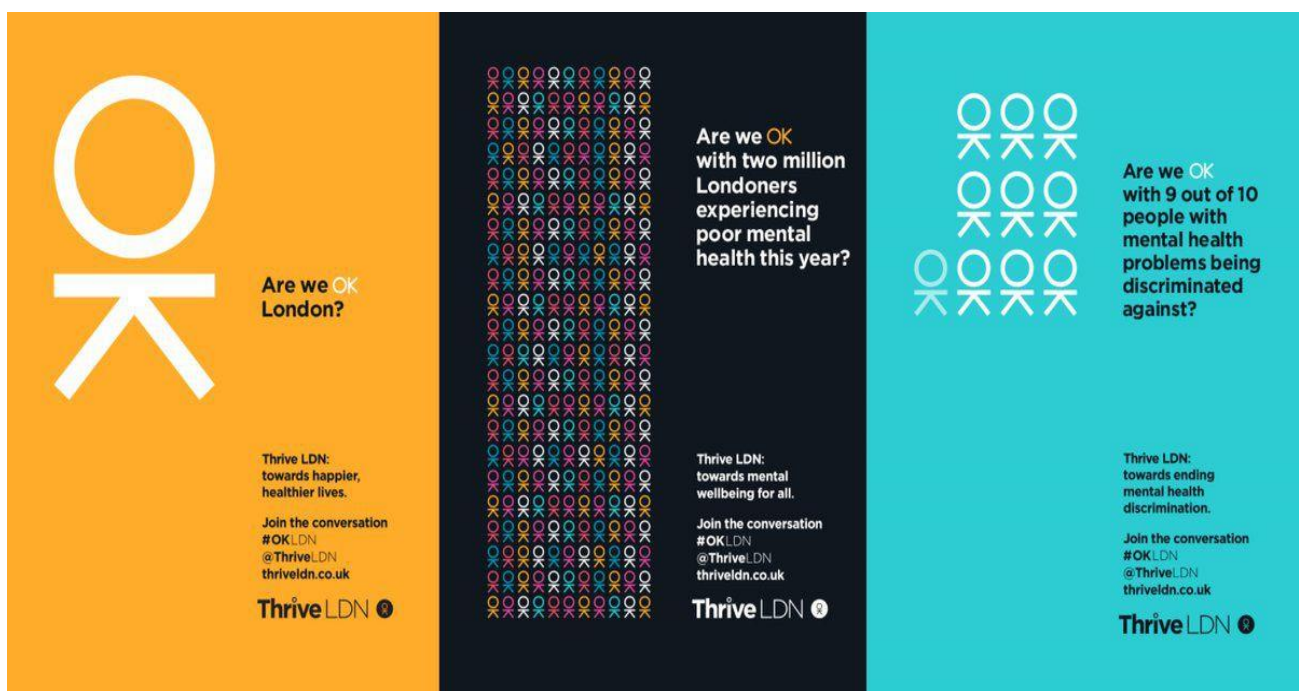
By encouraging organisations to sign this pledge, we will be able to demonstrate an island wide commitment from employers to change how they and we think and act about mental health in the workplace and make sure that employees who are facing these problems feel supported. To demonstrate our commitment, we will start by ensuring our own services and partner organisations sign the pledge.

Our communications teams will develop a local media campaign and use this to focus on raising public awareness about mental health.

Case example - Thrive London (Thrive LDN)

Thrive LDN ran a poster campaign to raise awareness and encourage conversations about mental health in the capital. The posters which ask “Are we OK London?” appeared on 200 Underground stations for two weeks in July 2017. The Thrive LDN campaign aims to improve Londoners’ understanding of mental health, stamping out discrimination by working with schools, youth organisations and employers.

We can learn from the Thrive LDN approach to awareness raising and will consider how such a campaign could be delivered on the island.



Our ambition is that all islanders will be able to understand and talk about mental health, and feel empowered to recognise and act early and positively to poor mental health as it arises, both in themselves and others.

3. Revitalising our approach to health and care services

We will develop whole life integrated pathways for mental health that start in the community and connect effectively with other specialist services.

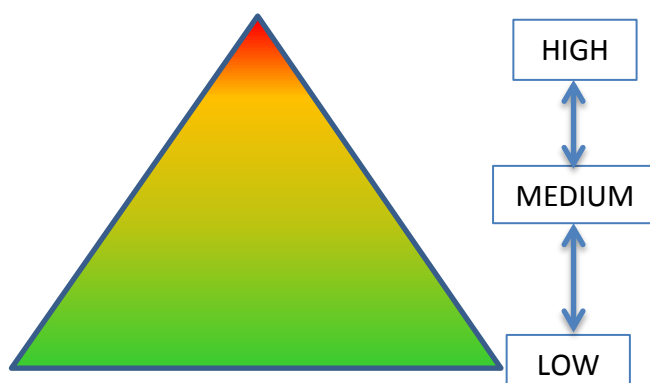
Being able to get help, support and treatment when it is needed is vital. Those services need to be responsive and of high quality. Too often our services have been fragmented and have not been able to offer support at the right time, in the right place and we have relied too heavily on hospital beds as a way of responding to people's needs. This needs to change.

We are committed to improving not only how people get a service, but their experience of it, and this means changing the way we work across the island. We have started transforming our mental health services and are dedicated to improving access and integrating provision, making recovery our focus and delivering person-centred care. These are our touchstones of success.

Levels of risk, needs and support

We want to move to a tiered model which enables us to give people the support they need, when they need it by focusing our resources in the right place.

To help us understand what we need to provide, we will look at each individual's levels of risk, the nature and complexity of their needs and the levels of support required to enable recovery and hope.



We have developed new pathways for eating disorder, mood and anxiety disorder, and work is being completed on emotionally unstable personality disorder, psychosis and dementia. We are proposing other changes too, some of which are already being developed. Others will form part of a wider conversation with people who use our services, mental health professionals, other organisations and the public that builds upon the things they have already told us need to change.

Services for children and young people

The case for addressing poor mental health among children and young people is compelling. We know that helping children and young people does prevent or reduce the impact of mental health problems in later life.³⁴ Most poor mental health begins early in life. Half of all cases of diagnosable mental illness begin by age 14.

Tackling mental health problems early in life improves educational achievement, employment opportunities and physical health, and reduces the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation.³⁵

³⁴ Better Health for London, London Health Commission, GLA 2015

³⁵ No health without mental health: the case for action Royal College of Psychiatrists 2010

We will make sure that our children and young people have access to effective mental health services. We will embed the 'Think Family' approach in all that we do. We will review and produce plans for improvement to our current community services and ensure children only have to travel to mainland for specific types of care.

We will examine the liaison between mental health services and schools and establish a mental health schools network across the island. Such a network would enable our schools to work together to promote better mental health for children and young people.

We also want to focus on young people, and in line with recently announced government policy, we will put in place plans to develop mental health awareness programmes in our schools and colleges.

Our Children's and Young People's Mental Health Transformation plan has recently been developed and refreshed.³⁶

Case example - Youth Mental Health First Aid in Schools programme

This three-year programme launched in Easter 2017 and is fully funded by the Department of Health with a value of £200 per person trained. In year one the programme will train a member of staff in over 1000 secondary schools to become a Youth MHFA Champion, someone with the skills to spot the signs of mental health issues in young people and guide them to a place of support.

By the end of 2020 every secondary school in England will have been offered the opportunity to attend this training.

Case example - Thrive NYC Mental Health Services in All Community Schools

In New York Community Schools are neighbourhood hubs where students receive high-quality academic instruction, families can access social services, and communities congregate to share resources and address their common challenges. Through Thrive NYC, City Mental Health Clinics are opening at a number of Community Schools.

This follows a model that uses mental health staff to not only treat individuals, but also to help the entire school staff play a role in providing more preventive interventions. This includes training staff to better identify and support at-risk students, de-escalate conflicts, or lead mindfulness and relaxation groups. Engaging more school leaders in the effort to carry out mental health promotion is helping improve overall school climate.

Both these examples demonstrate the importance of mental health in schools. We will draw upon the evidence from this work and from elsewhere in developing proposals for service development.

³⁶ <http://www.isleofwightccg.nhs.uk/Downloads/MH%20LD%20Children%20and%20Dementia/CYPMH%20Refresh%202017%20-DRAFT.pdf>

Perinatal mental health

Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child.³⁷ Up to one in five women and one in ten men are affected by mental health problems during pregnancy and the first year after birth. Currently only 50% of these are diagnosed.

Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long-lasting consequences on not only women, but their partners and children too. When problems are diagnosed early and treatment offered promptly, these effects can be mitigated.³⁸ We have already increased our support to perinatal mental health.

Services for adults

We have already started to develop more effective models of service. Through our plans we are focusing on improving the range of community based mental health services available to those who need them, including for those with the highest level of need, of any age.

We will re-locate our community mental health services away from the hospital site so that they are at the heart of the communities they serve.

We are committed to delivering services on the Isle of Wight that are responsive to the needs of each individual accessing the service, and supporting them to gain and retain hope and live a meaningful life. Our specialist services will focus on those who are most unwell.

From now on our services will work together, and with partner agencies to deliver seamless care that is safe, effective and aligns with current best practice. Care will be delivered by skilled and compassionate staff who are supported and developed to deliver evidence based pathways of care.

We will give particular focus to the provision of integrated teams that can provide early intervention and respond to crisis. These are the two key elements of service that islanders should expect to be available as a priority. We will continue to support Operation Serenity as a model of best practice.

In response to what we have heard from people using services, we have already developed specific plans to improve people's mental health and wellbeing. We are doing this by making a cultural shift in our model of care that recognises wider social networks and the importance of physical wellbeing, resilience and recovery, including employment and housing and choice and control to promote independence within their communities. Our ambition is that wherever possible people with mental health needs will be managed in the community.

We will more clearly communicate the role and function of our specialist mental health services to our partners, in particular colleagues in GP practices, the police, the criminal justice system and the public.

³⁷ NHS England – mental health <https://www.england.nhs.uk/mental-health/perinatal>

³⁸ Perinatal mental health toolkit RCGP <http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx>

Effective care planning is central to ensuring that people only stay in hospital for as long as their needs require. We will make sure that planning to leave hospital starts at the point of admission and that the services that can enable that are in place, through more responsive community teams, and providing housing and employment support.

Fair Horizons

Fair Horizons is Together Foundation NHS Trust's way of providing a person-centred model of mental health care that does not discriminate on grounds of age or intellectual level. It draws on concepts of 'capable teams' and attempts to steer specialist mental health services away from artificial 'silos' of working age adult, older people and learning disability services. Instead, it focuses on a more fluid approach where services can be offered in a multidisciplinary and interdisciplinary way so that people can benefit from any aspect of the service that meets their needs and do not become caught on artificial team and service boundaries. The basis of care within Fair Horizons is a 'one stop shop', providing the majority of mental health needs and supported by more specialist, tertiary teams.

This example provides useful learning for us to take into account as we further develop our plans for more integrated services.

Case example from the Isle of Wight – Serenity

Launched in 2013, the Serenity project comprises a police officer and a qualified mental health practitioner responding to mental health crisis calls directly in the community. By working together, the award-winning project has delivered improved outcomes for people who use services, increased team and partnership efficiencies and made significant (over 70%) reductions in the number of Section 136 Mental Health Act inpatient admissions.

Case example – Isle of Wight Serenity Integrated Mentoring (SIM)

A number of people who use our services were repeatedly requesting police attendance whilst simultaneously using Accident and Emergency, ambulance, GP and other core services. Serenity Integrated Mentoring (SIM) is a mentoring programme for people who use our services struggling to cope with highly intensive patterns of behaviour. This integrated approach made a significant contribution to individual recovery and as a result the IOW used police custody for a mental health crisis for the last time in July 2013. In addition to improvement of quality of life and improved outcomes for people who use our services, crisis calls to police and ambulance services reduced and in most cases had been eliminated altogether. Furthermore, excessive use of 111 and attendances to A&E have been greatly reduced.

Dementia and older people's mental health

The Isle of Wight has a high proportion of older people within its population. Figures show a current population of over 65's of approximately 37,000. This is predicted to rise to around 49,000 by 2030.³⁹ This means we need to ensure our mental health services are able to respond to the likely increase in demand.

Some of our services for people with dementia, including our memory assessment services have been recognised as being of good quality and have been accredited by the Memory Services National Accreditation Programme (MSNAP).

Mental ill health in older people does not just mean dementia though. It includes other things like depression, anxiety, schizophrenia, suicidal feelings, personality disorder and substance misuse.

As with services for adults under the age of 65, our aim for older people's mental health services is that wherever possible their needs will be managed in the community. Where this isn't appropriate we will ensure that care and treatment is provided in the least restrictive environment. Our strategy for Dementia and Older People's Mental Health has been updated.

We know that our services have been fragmented and have not been able to offer the best environment for care and treatment. In response to what people have told us, and the findings of the Care Quality Commission report, we are already making improvements to our older people's mental health services, and reviewing the dementia pathway of care.

We are putting in place plans to bring our memory services and older peoples mental health team into one, integrated service. This will mean we can meet people's needs and support them in a more effective way.

We are supporting the establishment of a new model for our hospital and community based mental health services for older people. This will involve the co-location of staff and the establishment of dedicated management for these services. We are also committed to the improvement of our hospital wards, so that they are safe and provide an appropriate environment for the care and treatment of older people.

Learning disability

Many people with learning disabilities live full and rewarding lives as part of their local communities. In order to do this, they need support to have good mental health and wellbeing. This is especially important because the prevalence of mental health problems in people with learning disabilities is considerably higher than the general population.⁴⁰

We will continue to fulfill the NHS Mandate by ensuring that the CCG works closely with the Council to ensure that people with learning disabilities and people with autism, who have mental health problems, receive safe, appropriate, high quality care. Our starting point remains that these services should be community based and that when hospital care is needed it will be provided in the most appropriate and least restrictive setting.

³⁹ Institute of Public Care POPPI data: Accessed August 2017 Oxford Brookes University

⁴⁰ Guidance for commissioners of mental health services for people with learning disabilities JCP-MH May 2013

Autism

Autism Spectrum Condition (ASC) is a lifelong developmental ‘hidden’ disability that affects the way a person communicates with, and relates to, people and the world around them. Although some people can live independently or relatively independently, others have high dependency needs requiring a lifetime of specialist care. Many people with ASC have no obvious disability and find they are often misunderstood and can easily fall between services, not getting the right support, which can often lead to further problems including, but not limited to anxiety, depression and other mental health issues.

We are currently working with the Autism Inclusion Matter (AIM), a user led group, to review and refresh the 2014-19 Isle of Wight joint strategy for children, young people and adults with ASC.

Alcohol and drugs

It is common for people to experience problems with their mental health and alcohol/drug use (co-occurring conditions) at the same time. Research shows that 70% of drug users and 86% of alcohol users in community substance misuse treatment experience mental health problems.^{41 42}

Local authorities commission drug and alcohol treatment services and recent Public Health England guidance, published in 2017 sets out the standards for the commissioning and provision of those services. We will ensure that people with co-occurring conditions get the most appropriate care and treatment as quickly as possible.

Eating Disorder

Eating disorders are mental health problems where someone experiences issues with their body weight and shape, and engages in behaviour which will disturb their everyday diet and attitude towards food, for example controlling the amount of food they eat.

We are reviewing and redesigning the way we deliver care for people with eating disorders with people who use our services, to develop care that is responsive to individual need, and delivered by appropriately skilled and supervised staff. The pathway will cover transitions from children’s services, assessment, community treatment, inpatient care when required and ongoing discharge and support.

Rehabilitation services

Mental health rehabilitation services specialise in working with people whose long term and complex needs cannot be met by general adult mental health services.

On the Isle of Wight, our service is provided at Woodlands a ten bedded rehabilitation unit. It is provided off the hospital site within a local community and offers longer term rehabilitation approaches for people who need to learn or re-learn the skills required to live independently.

⁴¹ Comorbidity of substance misuse and mental illness in community mental health and substance misuse services Weaver et al The British Journal of Psychiatry Sep 2003, 183 (4) 304-313

⁴² Depression, anxiety and comorbid substance use: association patterns in outpatient addictions treatment. Delgadillo J, Godfrey C, Gilbody S and Payne S (2012) Mental Health and Substance Use Vol. 6, Iss 1, 2013

The key issue raised by an individual who has used services both on the Island and the mainland was the upset around being sent away from his family to a mainland unit - he would have preferred to have been supported in a rehabilitation, reablement, recovery setting on the island, which he feels would have greatly speeded up his recovery.

Another key issue was the importance of having access to a wide range of experiences and activities such as cookery lessons, walking groups, shopping, mindfulness, relaxation, all of which contributed to building confidence, building links with one's contemporaries and developing life skills. These activities, alongside a robust recovery package enabled a move to independence.

Feedback from someone who has used mental health services on the Island.

We know that currently the service model is outdated with insufficient focus on recovery. We also know there is not enough provision of rehabilitation on the island and that some people are being placed on the mainland due to lack of capacity locally.

That's why we are already taking steps to improve things. A review of the current provision and out of area placements has been completed and a hybrid model of supported living units and seven day a week community support has been developed and formally agreed. The current community day service and employment services will be reconfigured with people who use our services and people with lived experience.

Our ambition is to deliver integrated provision that works alongside people to support them more effectively. The services will be aimed at enhancing all elements of their lives, to help them address the issues affecting their mental health and to live as independently as possible.

Use of hospital beds

Understanding how hospital beds and community services can best be used as part of a reshaped mental health care system is a key issue for the island. The main consideration should be about ensuring the right number and mix of beds, in the right place, with the best environment.⁴³

Our focus will not be simply on the number of beds available. Instead we will concentrate on how they are used. Supporting people in the most appropriate and least restrictive environment that meets their needs is our aim.

The more able our community services are, the fewer beds will be used. We are already making improvements and this will prevent inappropriate admissions through community based treatment. People will then only be admitted to hospital through clearly defined thresholds.

By improving our community settings, we aim to reduce our current levels of inpatient bed use. By doing so we will transform the way in which hospital and community services work together to promote recovery and achieve improved outcomes for people who use our services.

⁴³ Defining mental health services, Appleton, S. NHS Confederation 2012

New ways of providing services

We will also examine the evidence for, and experience of, the use of social enterprise or community interest companies for the delivery of mental health services on the island. These types of organisations are not-for-profit and have voting members who have a direct say and influence on the services provided, how they operate and who is employed within them. They have been successful in other parts of the country and we believe that they could provide a means through which we can improve our mental health services through greater public participation in decision-making.

Case examples - NAViGO Community Interest Company

NAViGO is a successful not for profit social enterprise that emerged from the NHS, to run all local mental health and associated services in North East Lincolnshire. The Government defines social enterprises as “businesses with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners.” This means NAViGO is owned by its members (both staff and community) and unlike private healthcare providers, it does not make a profit. Any money that is saved through working more efficiently stays within the NHS. NAViGO employs 550 staff with a turnover of £24 million, and serves a population of 165,000 people.

Case example - Six Degrees – Salford

Six Degrees Social Enterprise is a Community Interest Company based in Salford that provides support for people who are experiencing mental health problems. Its social mission is to build resilient communities in which people with problems such as depression and anxiety are accepted, supported and equipped with skills to deal with the challenges they face. They provide talking therapy for people who are struggling with common mental health problems such as depression or anxiety. This can be face to face or on the telephone. They also work closely with specialist teams to support people with chronic health problems such as diabetes and Coronary Obstructive Pulmonary Disease (COPD).

We will use these examples, and others, to develop options for the future delivery of mental health services.

Primary care

We recognise that alongside our specialist community services provision, colleagues in primary care do a huge amount to support people with mental health problems. We need to do more to enable GPs to be confident and effective in delivering that support.

It is appropriate that mental health problems should be managed mainly in primary care by the primary health care team working collaboratively with other services, with access to specialist expertise and to a range of secondary care services as required.⁴⁴

To support our local GPs and primary care staff, we will consult with them on developing a system of named liaison between mental health professionals working in community services and GP practices. Their role will be to provide advice about how to support people with mental

⁴⁴ Guidance for commissioners of primary mental health care services JCP-MH 2012

health needs who do not need a specialist service, but may require some limited or ongoing support. We will change the way in which people who have mental health needs, but who are stable and no longer need for a specialist service are supported. This will include the planned transfer of a number of people to the care of GPs or other services.

Carers IW have employed a GP Link Carer Support Worker who will liaise with the GP Surgeries to offer support to carers in the community as well as offer training to staff in regards to carers.

Case example - Primary Care Plus – West London

Primary Care Plus is a service in West London (Hammersmith and Fulham, Hounslow and Ealing) based in GP practices for those who may need some extra mental health support over and above what is available from their GP. By moving those with stable mental health problems from receiving support from specialist services to their GP practice, they receive care in the least restrictive setting, closer to home, and they have both their physical and mental health needs met.

Primary care mental health workers are employed by West London Mental Health NHS Trust and are attached to GP practices. GPs are able to refer people directly to them. Importantly there are no strict criteria for referral, except an assessment that people will require more in-depth support. Other mental health professionals such as consultant psychiatrists and psychologists also provide support to the service.

The primary care mental health workers provide one-to-one support to people within GP practices, helping with discharge from secondary care, liaising between services and providing ongoing mental health support. They are also able to signpost to wider social support in the community. These workers also provide support to other primary care staff by providing advice on consultations, as well as training for staff (reception staff, practice nurses, GPs etc.) to meet their needs.

We will use the learning from this example, and others, to inform our future developments.

Links with physical health care

We know that physical and mental health are closely linked and that people with mental health problems have much higher rates of physical illness. The case for seeking to support physical and mental health in a more integrated way is compelling given the high rates of mental health conditions among people with long-term physical health problems and the reduced life expectancy among people with the most severe forms of mental illness.⁴⁵

Given that mental health services are currently provided by the same NHS organisation that provides physical health care, we believe there should be opportunities to treat people in a more holistic and integrated way that addresses both their physical and mental health care needs.

As a starting point we will ensure that all clinicians and practitioners working in the acute hospital are provided with a foundation of common competencies in mental health, with an understanding of the mental health support available on the island.

⁴⁵ Bringing together physical and mental health care Naylor, C. et al The King's fund March 2016

Social prescribing provides an opportunity to link people living with long term conditions with sources of support within the community that work alongside existing treatments to improve their physical and mental health. Social prescribing schemes can involve a variety of activities that are typically provided by voluntary and community sector organisations. Examples include volunteering, arts and creative activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.⁴⁶

A study into a social prescribing project in Bristol found improvements in anxiety levels and in feelings about general health and quality of life. The Bristol study also showed reductions in general practice attendance rates for most people who had received the social prescription.⁴⁷

We will work with the Trust, colleagues in primary care and the voluntary sector to promote the use of social prescribing across the island. By referring people to physical activities, social activities, or learning, the mental and physical health of islanders could be improved.

Digital

For most of us, life without the internet and our smartphones and tablets is hard to imagine. It is reported that 38 million adults in the UK now access the internet every day.⁴⁸

The use of technology to support and improve mental health, including the use of online resources, social media and smartphone applications is gathering pace.⁴⁹ Digital mental health has been associated with benefits such as improved access to services, including online self-help and reduced barriers such as stigma.⁵⁰

Case example - Positive Mindfulness - Feeling Good App

Positive Mental Training is available across the Isle of Wight via GP practices and is an easy-to-use audio programme which research shows can help lift mood out of depression, stress and anxiety and build confidence and coping strategies. 85 people have used this App during 2016/17 and the outcomes show improvements for this group of people following use of it.

The Feeling Good App are good examples of where we have adopted new, digital based approaches to providing mental health support to local people.

Although it is sensible to be cautious about the effectiveness of all digital approaches there are a range of online based therapy programmes, mindfulness courses, self-help guides and computer based counselling available. This is a fast moving area of development that can offer benefits, especially in terms of accessibility, prevention and self-care.

We want to find ways to further develop digital mental health that can complement local services. Our ambition is to work with our regional partners to investigate the range of possible digital solutions that are available or being developed and where we can, provide opportunities for islanders to trial them.

⁴⁶ What is social prescribing? The King's Fund, February 2017

⁴⁷ Developing a social prescribing approach for Bristol. Project Report. Kimberlee, R. Bristol Health & Wellbeing Board, 2013

⁴⁸ Internet and online content: The Communications Market 2015 Ofcom 2015.

⁴⁹ Digital Mental Health Mental Health Foundation www.mentalhealth.org.uk/a-to-z/d/digital-mental-health

⁵⁰ Understanding the acceptability of e-mental health – attitudes and expectations towards computerised self-help treatments for mental health problems. Musiat, P. Goldstone, P. & Tarrier, N. BMC Psychiatry, 14, 109. 2014

4. Adopting and promoting recovery principles

Our mental health services will support recovery to promote independence, wellbeing and choice.

Recovery focused services are a central component to making health services fit for the twenty first century. At the heart of recovery is a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms.⁵¹

Recovery is based on ideas of self-determination and self-management. It emphasises the importance of 'hope' in sustaining motivation and supporting expectations of an individually fulfilled life. Recovery does not necessarily mean cure. Instead it focuses on the unique journey of an individual living with mental health problems to build a life for themselves beyond illness ('social recovery'). Thus, a person can recover their life, without necessarily 'recovering from' their illness.⁵²

In many parts of the country, recovery colleges have been developed. Built on the principles of recovery they exist to offer education and training opportunities to people experiencing mental health difficulties and the family, friends and professionals who support them. Courses support adults to enhance their knowledge and understanding of mental health conditions, recovery, wellbeing and life skills. The added aim is to provide hope, opportunity and empowerment to students. Courses are co-designed and often delivered by peer trainers, with lived experience, and a co-trainer, with professional expertise in the topic area.

Our services will adopt the principles of recovery in everything they do. We will place the principles of recovery at the heart of our approach to commissioning, developing and measuring services across all areas of mental health.

We will conduct work to establish how a recovery college could be established on the Isle of Wight, drawing on the evidence of what works from other places, including those close to us in Southampton and Sussex, as well as London and Jersey.

⁵¹ Making Recovery a Reality Shepherd et al., Centre for Mental Health 2008

⁵² *ibid*

After accessing the NHS mental health services over the past decade, I can say that I have received an inconsistent level of communication, care and treatment; which at times left me feeling frustrated, hurt and not always listened to.

The quality of care, treatment and service I have received the last 12-18 months has been more consistent and recovery focused. I have felt increasingly listened to and more involved in my care pathway.

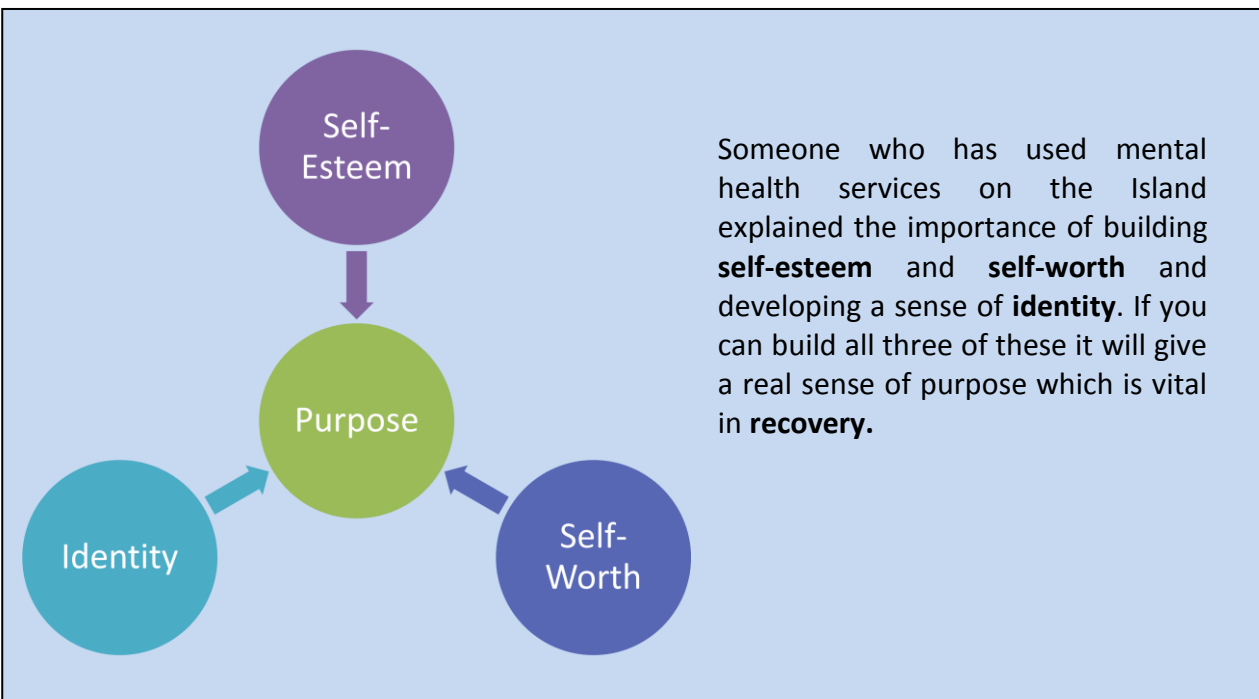
This has made me feel valued, giving me hope that the Island's mental health services can provide a more innovative, effective & efficient service to myself and others that access them in the future.

Feedback from someone who has used mental health services on the Island.

Peer support

Peer support is when people use their own experiences to help each other. The Mental Health Foundation defines peer support as the “help and support that people with lived experience of a mental illness or a learning disability are able to give one another”.⁵³

Forms of peer support include: community groups, mentoring, self-help groups, online communities and support groups. Support is based on sharing experiences and agreeing a reason for meeting. How you choose to meet up or connect with people is very flexible and depends on your personal preferences. Peer support can improve emotional health, wellbeing and sense of belonging.⁵⁴



⁵³ Mental Health Services Literature Synthesis, Stevens, S. & Conroy, M. HSMC March 2015

⁵⁴ Mind factsheet

A key element in recovery is the importance of having access to a wide range of experiences and activities

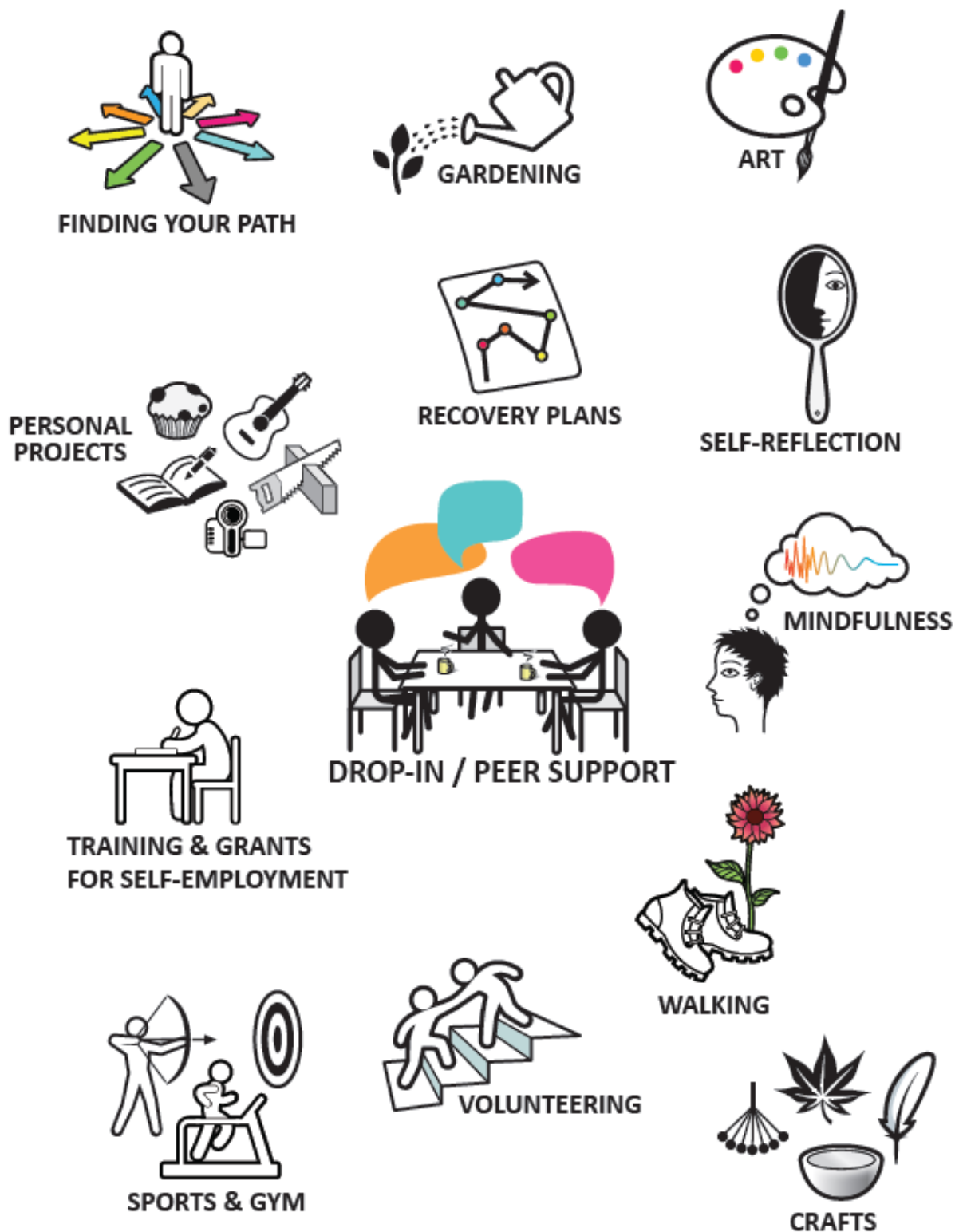


Figure 1: Extract from Addendum & companion document to Crisis or Awakening booklet to accompany a documentary on mental health and mental health services filmed on the Isle of Wight by Sam Schroeder⁵⁵

⁵⁵ Crisis or Awakening: <http://wednesdayfilms.com/stuff/crisis-or-awakening-info.pdf>

Hope

I came into Community Mental Health Services 3 years ago having been in and out of mental health services for many years. I didn't realise how different this experience would be for me!

I was given a Community Psychiatric nurse (now called Care co-ordinators). During our sessions he complimented me on my insight into my own diagnosis and I mentioned to him I loved researching, learning and writing. He told me I would make a great Mental Health worker and went on to explain to me that he himself had been a service user and had been an inpatient many years ago.

I was shocked as no professional had ever shared this before. Over the next few sessions we broke down the barriers of being 'normal' and having Mental Health problems. For many years I had put my life on hold – No work, no education, until I was 'cured'. He made me see I could still have a life whilst working on my own Mental Health.

The manager of Community Mental Health Services met with me and I began volunteering at Chantry House, It was amazing to feel part of team again and to feel as though I was contributing to society.

No one ever treated me differently and I enjoyed it so much. The manager wrote me a reference to start a degree at university and eventually over the next few months I felt better and better until I was able to be discharged completely for the service.

I continued to volunteer and attend university whilst successfully managing my mental health problems myself. I still had bad days but everyone was so understanding and so supportive it never set me back.

The staff gave me the confidence and push I needed to apply for a support worker job at Chantry house which I got and a year later I went on to apply for an associate mental health practitioner's position and got. 2 years on I now work, do university and run the volunteering side of Chantry House. I still suffer with mental health problems at times and have bad days but they are so manageable now as I am able to use the tools and skills I actually teach at work that are so helpful.

My life is very full now and my self-esteem gets better every day. I wouldn't recognise who I was 2 years ago and I am extremely grateful to Chantry house and the staff for supporting me into recovery and beyond.

A story about peer support from someone who has used mental health services on the Island

Three peer support link coordinators have been employed by the Trust and we will accelerate the development of peer support on the island so that people with lived experience of mental health problems can help and support each other and contribute to improving their recovery.

Housing

Housing is critical to the prevention of mental health problems and the promotion of recovery.⁵⁶ Often people who are in hospital are unable to leave because of a lack of appropriate housing. Equally, some people are admitted to hospital because of a lack of alternatives to admission, such as those that provide for short-term accommodation for use in crises. Support with housing can improve the health of individuals, and in many cases provide a stable base for them to recover and live independently.⁵⁷

We know that it is important to ensure better access to a mix of types of housing and to promote greater flexibility in its use.⁵⁸ The availability of a range of housing and support can help to avoid admission, reduce delayed discharges from inpatient services and offer long-term accommodation.

Case example - Look Ahead Housing & Care – Tower Hamlets Crisis House

Look Ahead provides a Crisis House to offer a community-based alternative to hospital admission. The service seeks to empower, support and encourage each individual to focus on goals that will have an immediate and lasting impact on their circumstances and presentation of their complex needs. The service is provided in collaboration with East London NHS Foundation Trust. The service has been designed to provide support to customers in crisis as an alternative to hospital admission where this is deemed to be clinically safe/appropriate. Independent evaluation showed the cost per positive move-on reduced by 59.96% and the volume of positive outcomes increased by 81.5%

One Housing Group & Camden & Islington NHS Trust partnership – Tile House

Tile House works with people with high levels of risk and complex needs who have previously been excluded from supported housing, including those with forensic backgrounds and those who are subject to Section 37/41 of the Mental Health Act. In the two years prior to the service opening, nine of the customers living there spent an average of 317 days as inpatients, with a total of 2,856 occupied bed days. In the two years since Tile House opened, this had fallen to an average of 81 days in hospital for each admission, with 404 occupied bed days for the five customers who had admissions. Tile House has saved the local health and social care system £443,964 per annum.

These two examples show the effectiveness of good housing and support services. We will draw upon them as we develop our plans for future housing provision.

Our local partners in housing, the NHS Trust and housing associations are supporting us in our ambition to create a broader range of housing and support options so that more people have the opportunity to live in general housing or housing with some form of support. This is the right approach and will enable islanders to achieve recovery and independence.

⁵⁶ Five Year Forward View for Mental Health February 2016

⁵⁷ Housing & mental health Appleton, S. Molyneux, P. NHS Confederation Mental Health Network 2011

⁵⁸ *Old Problems, New Solutions – Improving Acute Psychiatric Care for Adults in England* (The Commission on Acute Adult Psychiatric Care,) Crisp, N., Smith, G. and Nicholson, K. (Eds.) 2016

Employment

Gaining appropriate work can sometimes be hard for people who have experienced mental health problems. We know that work is good for our mental health. There is significant evidence to show that people with mental health problems who gain employment (not sheltered work) experience enhanced self-identity and social functioning, improved quality of life and reduced symptoms.⁵⁹

We have developed new proposals for employment so that our island will become a place where people are supported to gain and retain work. We will achieve this by working with employers, local NHS providers, the voluntary sectors and other partners to provide Individual Placement and Support (IPS) across the island for people with severe and enduring mental health issues. We have already committed to increasing IPS for people with severe mental illness in secondary care services by 25% by April 2019.⁶⁰

Case example - Individual Placement and Support in the Isle of Wight

Recent work done for the Centre for Mental Health has shown that IPS services had many benefits, not only in helping people to get jobs but also in building individuals confidence. The evaluation identified a number of organisational factors which can help with the adoption of IPS, such as a recovery-focused culture and good relationships with other employment services.

The CCG and Council commissions OSEL Employment Services and No Barriers to work with people with mental health support needs, physical and learning disabilities and other impairments to gain access to employment and education. It is a successful service and in 2016/17 172 people gained paid employment (one in self-employment). Of these 157 were for more than 16 hours a week and 101 of these were sustained for more than six months. 100 people were supported to gain voluntary work, 78 gained access to education and 108 were supported to retain their existing employment.

This is example of local development that has been effective and upon which we can build further to help more people into work.

Our public services will set a standard for other employers to follow. That's why we will promote ways to help people with mental health problems to gain work in our own services, and for our organisations to adopt the principles of the Public Health England Workplace Wellbeing Charter. This will demonstrate their commitment to providing mentally healthy workplaces.

5. Developing our workforce

Our services will have the right mix of trained, skilled, experienced and compassionate staff.

We will extend our employment of peer workers and make the best use of the local voluntary, third sector and independent sector workforce.

Delivering the right range of high quality mental health services requires a skilled workforce that can respond effectively to the differing needs of our population.

⁵⁹ Making a Reality of Employment for People with Mental Health Problems Across London
Bradshaw, I & Molyneux Peter. Paper for Thrive London Task & Finish Group February 2017

⁶⁰ Isle of Wight CCG Operational Plan 2016-19 December 2016

The Five Year Forward View for Mental Health (FYFV-MH) workforce plan states that across England there is a need for “motivated and multi-professional teams focused on delivering person-centred care: expert clinicians, doctors, nurses, psychologists, allied health professionals, and social workers, combined with new and enhanced roles such as peer support workers, nursing associates, assistant practitioners and assistant psychologists.” We agree.

Like other island communities, we have to work hard to attract people to live and work here and to retain them. We can't simply recruit from elsewhere though. We will do more to develop our workforce from within the population of the island and provide opportunities for professional development and promotion within our existing staff.

We will make it easier for professionals to work together, by locating them in the same buildings and offices, so they can communicate effectively, share information and work as teams.

We will develop a workforce that is less clinically dominated and draws upon the skills and expertise of other professions and workers. There is huge potential in recruiting support workers and other types of staff, who may not have clinical qualifications but who can bring other valuable skills. We will also work closely with the voluntary sector to develop their role in the provision of some services.

We will make sure there are appropriate opportunities for people with mental health problems, including those who have used our services, to work in those services.

Case Example – Cambridgeshire & Peterborough NHS Foundation Trust

In England, an increasing number of NHS Trusts are employing peer support workers. For example, Cambridgeshire and Peterborough NHS Foundation Trust are committed to training and employing 80 peer support workers in their first wave. Peer support specialists and recovery coaches are powerful recovery role models that engage each individual served in a personal recovery programme. In May 2012, CPFT appointed 5 peer workers to their Integrated Offender Management (IOM) teams based in Peterborough, Cambridge and Huntingdon police stations.

The role was very new and a lot of work was done to ensure that the peers worked out their roles in relation to the nurses also employed by the Trust in the IOM teams and with the police and probation staff who form the main staff groups. The peers are working in partnership with the trained nurses on the recovery needs of prolific offenders with mental health problems. They work with a number of external organisations, including drug and alcohol services, housing and adult education and have a particular role in training staff from other agencies (e.g. police) in relation to mental health issues.

This learning from this example, and others, will be used to inform the development of our plans to increase peer workers in our services.

Workforce planning and development takes time. We are responding to the messages of the national plan and updating our existing plans. We are also going to review the mix of skills and professions working in mental health to make sure we have what we need, and where we don't, we'll fill those gaps.

6. Making the money work

We will change the way we spend our money and focus more on prevention and community based services

The Clinical Commissioning Group (CCG) invests just over £24.5m a year on mental health and learning disability services; nearly £20m of which is expenditure with the IOW NHS Trust. Mental health placements account for just under £2m and continuing health care⁶¹ costs amount to just over £2.5m.

The IOW Council invested £14.5m in the year 2017/18. £4.2m of this was related to mental health residential and nursing home care, direct payments/personal budgets and Homecare Managed Accounts. £9.2m was allocated to memory and cognition services (generally for older people) covering residential and nursing home care, direct payments/personal budgets and Homecare Managed Accounts. Just over £1m was allocated to dedicated mental health social work staff, staff with responsibilities under the Mental Capacity Act, staff working in mental health day services and independent mental health and mental capacity advocacy. The Council's budget for mental health is rebased on an annual basis so investment amounts are likely to change.

As the figures show, most of the money is spent on specialist mental health services provided by the NHS Trust. Too much of it has been focused on bed-based care and not enough has been spent on developing our community mental health services, or on supporting the development of alternative forms of care and support.

There is an expectation from the NHS nationally, contained in its planning guidance for 2017-19⁶² that CCGs, who purchase local health services will continue to invest properly in mental health. As part of the Five Year Forward View for Mental Health (FYFV-MH) NHS England has committed to invest £1.4 billion nationally for the improvement of mental health services for children and young people. £15 million has been allocated for further development of crisis care services nationally.

We will ensure that mental health services on the Isle of Wight benefit from our share of these funds.

Like many areas of the country, our public finances are tight. We will have to take some tough decisions about prioritising our resources. Despite that, we reaffirm our commitment to investing in mental health with any additional national funding we are given. We believe that focusing our investment on community service development, primary care and prevention is the best way to improve mental health in our communities and to ensure good quality services.

⁶¹ Continuing Health Care is free care outside of hospital that is arranged and funded by the NHS. This means that a person will receive care and support to meet their assessed needs at no cost to them.

⁶² <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

7. Improving quality, outcomes and holding to account

We will set new standards for the quality of our local mental health services.

We will agree the outcomes to be achieved by those providing services and we will hold them to account.

We will evaluate the experience of people who use our services and involve them in how we respond to what they tell us.

Our mental health services should have a positive effect on the lives of those who use them. Reviewing quality and outcomes is a way of understanding whether this is happening and if not, enabling us to focus on making improvements.⁶³

We know we need to improve the quality of mental health services and the Care Quality Commission report has highlighted some specific areas for urgent work and we are actively addressing these now.

We have created a set of locally developed and agreed quality and outcome measures. These will be specific to the Isle of Wight and reflect the particular issues we face and the priorities we have set. These will be in addition to the quality and outcome measures, standards and imperatives contained in the FYFV-MH and other national policy documents.

When we develop contracts for organisations to provide mental health services, we will set out clearly the outcomes we expect them to achieve. We will regularly review performance against those standards.

We will put in place a process to routinely seek the views of those who have experienced mental health services, with the particular aim of learning what we could do better to improve their experience. This could form part of the work of the citizens' panel.

We are committed to mental health having a renewed and sustained focus. We will ensure that the blueprint and the ambitions it contains form a central part of the work of our Mental Health Transformation programme.

We will regularly review developments and progress with the improvement of mental health services and provide a direct route for information to the Isle of Wight Health and Wellbeing Board. We will be held to account for delivery by the Local Care Board.

⁶³ Quality Improvement in Mental Health WHO 2003

Mental Health Blueprint Outcomes for people using our services

Creating a New Vision for Improved Mental Health

- Supporting people whose mental health impacts on them or those around them is everyone's business.

Supporting people to maintain good mental health and renewing our focus on delivering prevention

- People living on the Isle of Wight are aware of how to stay mentally healthy, aware of those around them, aware of the support available to them and how to access it.
- People have access to good quality housing, transport, education and leisure facilities, reducing isolation.
- People know about mental health and know how to get their voices heard to help improve and promote local services.
- A person with suicidal thoughts has a safe place to access specialist, empathetic, confidential support.

Reducing stigma and raising mental health awareness

- People with experience of mental ill health feel able to talk to their peers about it and are open with their employers and the wider population without fear of being judged or discriminated against.

Revitalising our approach to health and care services

- People have access to the right level of care and support at the right time, and are able to move in and out of services freely, according to their needs.
- People experience seamless care and support on their journey to recovery.
- People are enabled to live a full and meaningful life despite mental ill health.
- Children and young people know about mental health, are aware of how to stay emotionally and mentally healthy, aware of those around them, aware of the support available to them and how to access it.

Recovery

- People have hope and aspirations to learn and recover through access to a wide range of activities and opportunities to use their own knowledge and experience to help and support others, thereby taking ownership of their own recovery.
- People are supported to return to work or meaningful activity with choice and control.
- A person will be supported to stay in their accommodation or move into accommodation

Developing our workforce

- People working in mental health services are supported to feel confident in their work, and enabled to deliver high quality services with compassion, in a healthy work environment.
- Peer workers and experts by experience are embedded in all organisations across the sector, offering insight and hope to those they support and work with.

Making the money work

- People have access to the support they need, when they need it.

Improving quality, outcomes and holding to account

- People feel confident that they have access to good quality mental health services on the Island.
- People using mental health services on the Isle of Wight are achieving their chosen outcomes and there is better understanding of how services are performing.
- People are able to share their views and experiences of using mental health services on the Isle of Wight and are confident that this is being used to improve care and support in the future.

What happens now and how you can be involved

Our intentions and aspirations will bring the improvement we want if they are widely adopted by the communities we serve. Mental health is everyone's business – this blueprint is the beginning of a process to improve the mental health of every islander.

We have already begun to make changes in response to the things we have heard from people who use our services, the public and the findings of the Care Quality Commission report. We want and need to do more, and we want islanders to continue to be involved in how we can realise our ambitions.

We wish to continually seek input and feedback on our plans, our services and the future of care on the Island. We welcome any input or feedback you would like to share and invite you to get in touch:

- **Email:** mhstrategy@iow.nhs.uk
- **Call:** 01983 822099 x 5457 to reach the mental health commissioning team
- **Write:** Mental Health Commissioning Team, Isle of Wight Clinical Commissioning Group, Building A, the Apex, St Cross Business Park, Newport, Isle of Wight. PO30 5WN
- **Website:** Go to www.isleofwightccg.nhs.uk/get-involved/mental-health-blueprint

We also actively welcome involvement in our forums and meetings so that everyone's voice can be heard. As we take our plans forward, we want to come out to local communities, local meetings and to local services to hear from as many people as possible so that our implementation plans can be widely discussed and feedback received.

We are also inviting our key partners and stakeholders to join us in the delivery of our aspiration for a mentally health Isle of Wight by encouraging them to contribute to the development of a set of actions that we can all sign up to. A detailed set of further commitments and actions will follow from this Blueprint so that the communities on the island understand what we will do and by when.

We encourage all of our partners, staff and the public to hold us to account for delivering on the promise to make the island mentally healthier and for meeting the standards they rightly expect of a high quality mental health service.

We will be judged not simply by what we say we will do, by what we do *and* what we deliver.

Appendix One

The population of the Isle of Wight

In June 2017 it was recorded that 139,395 people live on the Isle of Wight. Approximately 14.8% of population is aged 14 or under, almost 59% are aged 15-64 and just under 27% are aged 65 or over.⁶⁴

The gender split of the population is approximately 68,100 males and 71,300 females.⁶⁵

The Isle of Wight has a high proportion of older people within its population. Figures show a current population of over 65's of approximately 37,000. This is predicted to rise to around 49,000 by 2030.⁶⁶ The percentage of those aged 15 or under is lower than the national average and the 15-64 population is effectively shrinking. It is clear that the Isle of Wight therefore has an ageing population, in line with national trends.

The overwhelming majority of the Isle of Wight population identify themselves as White-British (94.8%) There are signs of a diversifying population on the Isle of Wight, with the non-white ethnic population more than doubling from 1.3% in 2001 to 2.7% in 2011 (compared with an increase from 8.7% to 14.1% for England as a whole).⁶⁷

There are 70,776 residential households on the Isle of Wight.⁶⁸ One in six households is occupied by a single person aged 65 or over. Just over 4,000 households consist of a lone parent with dependent children and two out of five of these comprise a lone parent not in employment. About 4,500 of children living on the Isle of Wight live in a low income family.⁶⁹

The Isle of Wight has seven areas that are rated as being within the 20% of most deprived areas in England, with a further four being within the 10% of most deprived areas.⁷⁰

⁶⁴ IoW Joint Strategic Needs Assessment fact sheet - Demographics June 2017

⁶⁵ Mid-2015 Population Estimates: Single year of age and sex for local authorities in the United Kingdom; estimated resident population - Isle of Wight. ONS

⁶⁶ Institute of Public Care POPPI data: Accessed August 2017 Oxford Brookes University

⁶⁷ IoW Joint Strategic Needs Assessment fact sheet – Equality & Diversity January 2017

⁶⁸ Isle of Wight Council Revenues & Benefits as at June 2017

⁶⁹ IoW Joint Strategic Needs Assessment fact sheet - Demographics June 2017

⁷⁰ English Index of Multiple Deprivation 2015

Appendix Two

Mental health on the Isle of Wight

The Isle of Wight has a statistically higher prevalence of mental illness than the English national average.

The percentage of people diagnosed with a mental health problem and on a GP register is approximately 1.1%, this equates to 1,602 people. This is higher than the English national average of 0.9%.⁷¹

The trend of prevalence in the Isle of Wight for mental ill health remains upwards and this is in line with the English national trend. However the rate of rise, around 8% is slower than the national growth rate.⁷²

Self-reported prevalence of depression and anxiety as recorded in the NHS England GP patient survey in 2016 showed a prevalence of 15%.⁷³

The rate of GP registered people with diagnosed depression is around 5%.

The Isle of Wight has slightly higher rates of anti-depressant prescribing than the English national average, though not all anti-depressants prescribed are solely for the treatment of depression.⁷⁴

It is estimated that there are almost 2,000 people living with dementia on the island. Of these, 1,700 are aged 65 or over. Given that the over 65 population is predicted to rise by 35% by 2030, it is anticipated that the prevalence of dementia will also rise significantly. Current estimates suggest a 24% rise in dementia by 2024.⁷⁵

Across England as a whole, one person dies every two hours as a result of suicide.⁷⁶ Suicide is the biggest killer of men under 45 in the UK and suicide is the second leading cause of maternal death.⁷⁷

The suicide and undetermined death rate for the Isle of Wight currently is 13.7 per 100,000 population for the period 2013-2015. The England average for the same period is 10.15 per 100,000. 51 people died by suicide in this period.

Significantly more men than women take their own lives on the Isle of Wight. The majority of these men are aged 50 or over. On average men are four times more likely to take their own lives. A rate for female suicide on the Isle of Wight cannot be calculated because the number of cases is too small.⁷⁸

One third of those people who ended their lives by suicide were in contact with specialist mental health services on the Isle of Wight.⁷⁹

⁷¹ IoW Joint Strategic Needs Assessment fact sheet – Mental Health February 2017

⁷² IoW Mental Health Strategy 2014-19

⁷³ *ibid*

⁷⁴ *ibid*

⁷⁵ Living well with dementia on the Isle of Wight 20145-19

⁷⁶ Suicide Audit Report Isle of Wight Council February 2016

⁷⁷ Thrive West Midlands, WMCA, Lamb, N. Appleton, S. Norman, S. & Tennant, M January 2017

⁷⁸ IoW Joint Strategic Needs Assessment – Suicide February 2017

⁷⁹ *ibid*

In the period 2013-2015 146 women and 123 men on the Isle of Wight attempted to take their own lives.⁸⁰

Admissions to hospital for self-harm have dropped significantly between 2013 and 2015. However there remains a high rate of admission compared to other parts of England. In part this reduction may be attributed to the development of a new service, Operation Serenity, a street triage scheme, which is a collaborative between the police and the NHS.⁸¹

⁸⁰ *ibid*
⁸¹ *ibid*

Emotional Wellbeing and Mental Health for Children and Young People

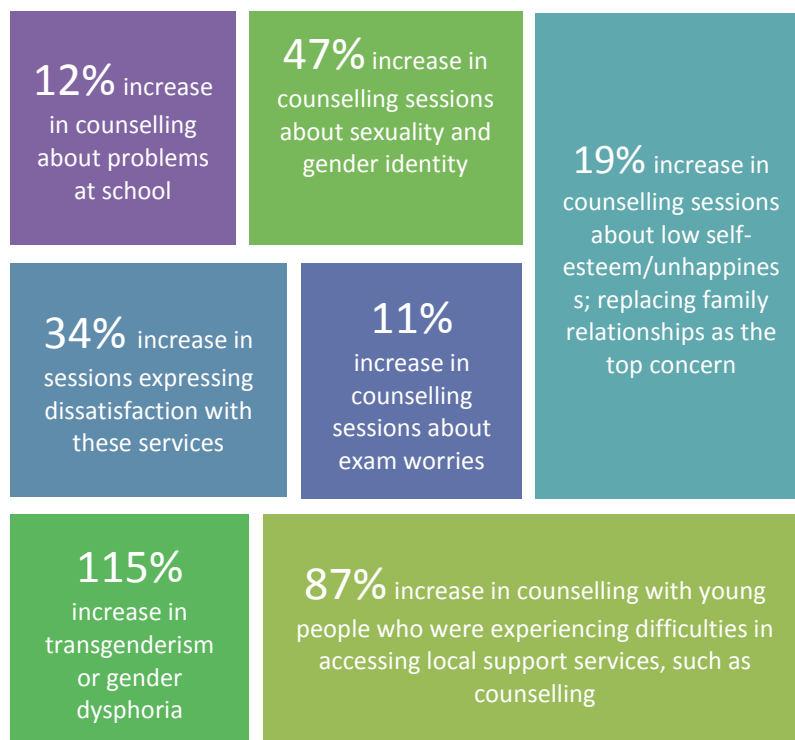
Mental health and wellbeing among children and young people can set the pattern for their mental health throughout their lifetime. Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters by their mid-20s⁸³.

Nationally, the status of children’s mental health has come to the fore as many feel the cuts in mental health services and the increased pressures placed on young people have led to deterioration in their mental health.

[Child Line’s Annual Report 2015-16](#) states that their website received over 3.5 million visits and almost 140,000 new users registered for a Childline account. There were national increases in the key areas outlined to the right:⁸⁴

Across the country, at any one time, one in ten young people aged 5 to 16 years have a mental health problem, and many continue to have mental health problems into adulthood.⁸⁵

By applying this 1 in 10 measure to the Island’s population, around 1,700 young people aged 5 to 16 could be experiencing such mental health problems.⁸⁶



Extending Access to Mental Health support for CYP

Services on the Island are committed to extending access to appropriate emotional wellbeing and mental health support to the local population. Partner organisations and Community CAMHS specifically are on track to extend the range and number of CYP accessing Mental Health support. IOW CCG tracks and monitors these figures on a yearly basis to ensure the collective intent to expand access is achieved. The below table provides details of the predicted estimated prevalence for Children and Young People living on the Isle of Wight with a diagnosable Mental Health condition until 2020:

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Prevalence	1630	1646	1662	1679	1696
Prevalence Increase year on year	1%	1%	1%	1%	1%
Target - CYP with a diagnosable MH condition receive treatment from an NHS-Funded Community MH Service	28%	30%	32%	34%	35%
No. Patients to hit Target	456	494	532	571	594

⁸² <https://www.iwight.com/azservices/documents/2552-Childrens-JSNA2017AWfor-upload-v2.pdf>

⁸³ ² http://youngminds.org.uk/media/1410/strategic_plan_2016-20_key_objectives.pdf

⁸⁴ www.nspcc.org.uk/services-and-resources/research-and-resources/2016/childline-annual-review-2015-16-turned-out-someone-did-care

⁸⁵ ⁴ http://youngminds.org.uk/media/1410/strategic_plan_2016-20_key_objectives.pdf

⁸⁶ ⁵ For similar figures also see: estimated prevalence of mental health disorders 5-16 year olds: <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/0>

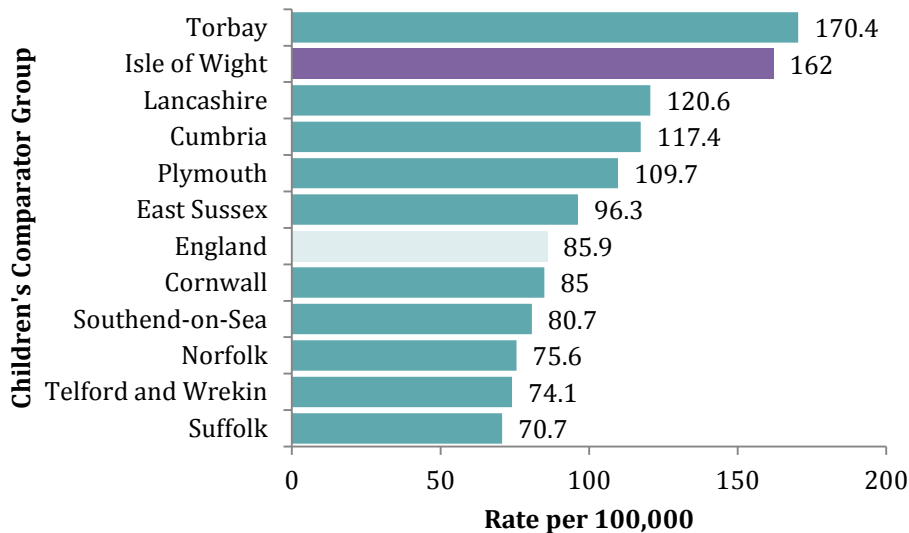
Child Hospital Admissions

The current position for child hospital admissions for mental health the Isle of Wight has rate of 162.0 per 100,000 of hospital admissions for mental health conditions (0 to 17 year olds). This puts the Isle of Wight statistically higher than five of its comparator regions as well as against the national England average (85.9 per 100, 000).

This higher than national average rate is also reflected in the local quarterly data from [the National Drug Treatment Service \(NDTMS\)](#) which indicates that between 40% and 53% of those open to the service experience mental health problems as compared to between 18% and 20% nationally.

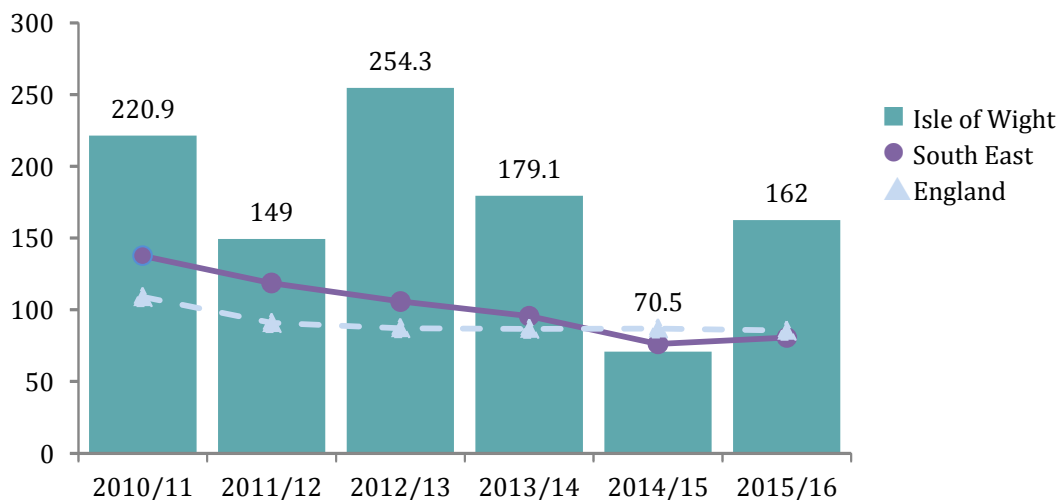
When reviewing this rate over the past few years, it should be noted that it had reduced significantly from 2012/13 to fall in line with regional and national averages by 2014/15. However, it is in the most recent data from 2015/16 which the significant rise on the Isle of Wight has occurred.

Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years
Isle of Wight and its CSSNBT statistical neighbours, 2015/16



Source: Hospital Episode Statistics (HES) Copyright © 2016, PHE Fingertips accessed November 2017

Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years
Isle of Wight, South East and England, 2010/11-2015/16



Source: Hospital Episode Statistics (HES) Copyright © 2016, PHE Fingertips accessed November 2017

Community Child and Adolescent Mental Health Service (CCAMHS)

Targeted support for young people for mental health issues includes the Community Child and Adolescent Mental Health Service (CAMHS). In 2016/17, the service saw an increase in referrals to a peak in Quarter 4 with 219 referrals.

In 2016-2017, IOW CAMHS service has been performing well within national standards. Demand has been rising and Waiting Times are being well managed within national standards.

Appendix Three

Mental Health Services on the Island

The Isle of Wight NHS Trust provides NHS specialist mental health services on the island. As well as mental health services, the Trust provides acute care services, community care services and the ambulance service.

Mental health services span all ages and include inpatient & community based mental health care. They include:

Community Child and Adolescent Mental Health Services

This service provides support for ages 0 – 18 experiencing mental, emotional and wellbeing difficulties. The Community Mental Health Clinic offers support, consultation and training to Children's Services and provides specialist mental health services, both in the community and on an in-patient basis.

Improving Access to Psychological Therapies Service (IAPT)

The IAPT service is located in GP surgeries and other community venues across the island, and provides support for people suffering from common mental health problems such as anxiety, depression, stress, and low self-esteem. They provide services such as Group sessions, Cognitive Behavioural Therapy and signposting.

Community Mental Health Services (Three Locality Teams)

These three teams provide assessments and treatments in the local communities for people aged 18 and over, who have mental health problems, including people who have complex needs. They provide a single point of entry to mental health services, and carry out screening and assessments, signposting, referrals for social care assessments, outpatient clinics, and home visits if necessary. Early Intervention in Psychosis and Crisis Resolution and Home Treatment Teams are part of these services.

Memory Service

The Memory Service works within a clinic and at home and offers assessments for those who have noted memory problems. They offer initial assessments, and provide those with a diagnosis of dementia post-diagnostic support and services, such as Occupational Therapy, and Cognitive Stimulation Therapy.

Admiral Nurses (Dementia)

Admiral Nurses work with families to ensure that they are better able to understand and cope with the changes that can occur with dementia, by giving them the knowledge to understand the condition and its effects, and the skills to improve communication and behaviours. This collaborative working enables the family to stay together for as long as possible.

In-patient beds

- Afton Ward: a 12 bedded acute ward for older people
- Osborne Ward: an 18 bedded acute ward for adults
- Seagrove Ward: an eight bedded psychiatric intensive care unit (PICU)
- Shackleton Ward: an eight bedded ward for people with dementia

There are already plans in place to reduce overall bed number, with Shackleton ward already having reduced by four. Afton is planned to reduce by two beds, Osborne by three and Seagrove by two. This is in line with national policy to provide community based care.

Rehabilitation

Woodlands is a 10 bedded rehabilitation unit. It is provided off the hospital site within a local community. It offers longer-term rehabilitation approaches for people who need to learn or re-learn the skills required to live independently. Individuals are offered help and support with a range of self-care and life skills to equip them in their recovery.

Serenity Integrated Mentoring

Serenity Integrated Mentoring SIM is an award-winning mentoring programme for people struggling to cope with highly intensive patterns of behaviour. NHS Isle of Wight CCG commissioned the UK's first SIM officer in July 2015 - a police officer who has undertaken specialist training and works in the local community mental health team to assist with the clinical and risk management of people who regularly experience mental health crisis.

Evaluation has shown that with consistent support, SIM can eliminate crisis calls and other high risk events, can also eliminate A&E attendance and mental health bed admissions and help people to use their local services more appropriately. It can also assist people to avoid contact with the criminal justice system.

Appendix Four

The policy and strategic context

This blueprint takes account of current national mental health policy. The Isle of Wight will continue to respond to the imperatives set by the Department of Health, the Department for Communities and Local Government and by NHS England nationally.

We have set out the key elements of national policy here. It is not an exhaustive list, but it provides a snap shot of the context for and framework in which mental health service planning and delivery takes place.

NHS England's Five Year Forward View for Mental Health (FYFV-MH) published in February 2016 sets out the actions to be taken to deliver the recommendations and its plans for investment to support that work. Its key objectives are:

- A call for all NHS staff to have greater knowledge and awareness about mental health.
- The implementation of access and waiting time standards for adult Improving Access to Psychological Therapies services and for Early Intervention in Psychosis.
- Expansion of the Improving Access to Psychological Therapies programme, with a particular focus on long-term physical conditions and medically unexplained symptoms.
- Investment in new specialist perinatal mental health (community and inpatient) services.
- Investment in 'core-24' liaison psychiatry services in general hospitals.
- Improvements to community mental health care, including crisis resolution and home treatment and Individual Placement and Support employment services.

In July 2016 NHS England published an implementation plan for the FYFV-MH. The plan sets out the actions to be taken to deliver the recommendations and its plans for investment to support that work. In March 2017 NHS England published a report on the progress of implementation. The FYFV-MH also encourages organisations to focus more on prevention and on co-production and working with those with lived experience in the planning and delivery of mental health services.

On the Isle of Wight we are ensuring that our plans are aligned with the national aims contained in the FYFV-MH.

Achieving Better Access to Mental Health Services by 2020 sets out the first access and waiting time standards for mental health services. The objective described in the document is for treatment within six weeks for 75% of people referred to the Improving Psychological Therapies programme, with 95% of people being treated within 18 weeks and treatment within two weeks for more than 50% of people experiencing a first episode of psychosis by 2020.⁸⁷

Future in Mind was published by the Department of Health in March 2015. It made a number of proposals to improve mental health services for young people by 2020. These included tackling stigma and improving attitudes to mental illness, introducing access and waiting time standards for services, and improving access for children and young people who are particularly vulnerable.

⁸⁷ Achieving Better Access to Mental Health Services by 2020 Department of Health/NHS England 2014

The Care Act 2014 has changed many aspects of how social care support is arranged, and is intended to give greater control and influence to those in need of support. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.⁸⁸

Sustainability and Transformation Plans (STPs) are a planning framework for NHS services. STPs are intended to provide a means to deliver the ambitions local NHS bodies have for achieving the changes described in the FYFV-MH, by looking at place based care rather than individual NHS Trusts and organisations. Plans for the development and improvement of mental health services are part of the STP plans locally.

There are three specific work streams underway in the Isle of Wight:

- Mental health acute care pathway redesign
- Mental health crisis pathway redesign
- Mental health recovery (rehabilitation and reablement)

The Isle of Wight has an existing mental health strategy, which is due to run until 2019. This blueprint will lay the foundations for the revision of that strategy, which will also encompass the developments in place as part of the STP.

Other strategies in place include a dementia strategy and a suicide prevention strategy. These also run until 2019 but may be refreshed in response to the direction of travel set out in the blueprint.

⁸⁸ Care Act factsheet Department of Health updated April 2016