WHOLE LIFE - WHOLE SYSTEMS
MENTAL HEALTH STRATEGY FOR PLYMOUTH
2013 - 2018

FOREWORD TO MENTAL HEALTH STRATEGY REPORT

What makes this strategy different from any other? It has been created by a unique and inspirational group of people across many disciplines, all passionate and committed to improving mental health services in Plymouth. It has not been initiated by the health authority as one would expect or even the local authority, although both have of course been involved and have encouraged the creation of this strategy, one that many in Plymouth have awaited for many years. Vitally, service users and carers have formed an integral part of the group as have community groups, the voluntary and charity sector who also provide important support services to those with mental ill-health.

This much welcomed strategy focuses on recovery and giving people back control of their lives, offering early interventions and easy access to psychological therapies, rather than as in the last couple of decades when we have all concentrated on dealing with the consequences and providing much-needed support. This has to continue of course and we know that Plymouth people can be relied upon to provide the caring we all need at times in our lives. The strategy identifies gaps in our current services and where our priorities should lie but also compliments the national strategy “No health without mental health”.

The important work done by our public health service is well recognised in this report. Tackling the stigma which goes hand-in-hand with mental illness is vital. Mental ill-health can touch all of us.

Significantly the report is based on what people with mental ill health tell us they want and need, all stakeholders have been consulted and freely given their opinions and ideas and research into the evidence has been done robustly. This strategy will work because commissioners of mental health services in Plymouth will for the first time have a strategy to refer to when considering where to spend their budgets. This will be equaled by the wealth of kindness, creativity and compassion in the community and of course backed up by the professional medical and social care providers for those in real crisis.

Jane Guy, OBE

1. Introduction

Background

1.1 Background to this strategy

In 2008 Plymouth CAB wanted to find where they could signpost clients who were presenting with mental ill health and found a number of groups in the city but no clear pathway for their clients, or information to enable them to signpost effectively. They facilitated a meeting of known providers to identify the services available. This first meeting decided to continue to meet and formed the Plymouth Mental Health Network. It is believed this group is unique in the UK in that it includes representatives from service users and carers, health, social care, Job Centre Plus, the police and fire services, the local authority and many third sector providers as well as registered social landlords. The aims, values and membership of this group can be found in the supporting information document that accompanies this strategy.

Since then the group has been very active in setting up several working groups to work on areas those members felt important; setting up a directory of service providers, developing a website for both providers and service users – www.plymouthmentalhealth.org.uk holding an event in Drake Circus to raise awareness of mental well being and tackle some of the stigma that exists, to bring together those helping people to stay in work and provide work opportunities, and finally a group to organise annual conferences to continue networking and sharing of information. Four annual conferences have been held and the second had an international theme with models of good practice from across Europe being showcased particularly looking at community approaches. From the third conference came a discussion on how we might begin to create a "whole systems" mental health strategy in Plymouth.

In early July 2011 a meeting of key stakeholders was held in the Guildhall when over 60 delegates met together to discuss the needs of service users in various whole life domains to be included in a strategy and importantly made a commitment to create a strategy for the people of Plymouth. In September, a Working Group (appendix 1) of 13 wide-ranging stakeholders including commissioners from health and social care met three times to put together a draft strategy framework. In early October and January the Reference Group (appendix 1) met to review, comment and oversee the direction of the draft strategy framework. This work is a testament to true collaborative and partnership working including service users and carers.

1.2 National Policy Context

National Service Framework for Mental Health (1999)[1]

Over the last 10 years national mental health policy has promoted a holistic approach to meeting the needs of service users. In the National Service Framework (1999) the key priorities were:

- Standard one addressing mental health promotion and the discrimination and social exclusion associated with mental health problems
- Standards two and three covering primary care and access to services for anyone who may have a mental health problem
- Standards four and five covering effective services for people with severe mental illness
- Standard six relates to individuals who care for people with mental health problems

- Standard seven drawing together the action necessary to achieve the target to reduce suicides as set out in *Saving lives: Our Healthier Nation*[2]

Although significant progress was made under the national mental health plan which created functional teams across the country, the other standards were not completely implemented, for example prevention & promotion. Also the equally important need of service users in employment, occupation, housing and education has not been sufficiently realised. In Plymouth some progress has been made by service providers in these areas but a lot more still needs to be done.

New Horizons: a shard vision for mental health[3]

In December 2009 the DoH published New Horizons which laid out a vision for the future of mental health in England and included the key themes of:

- Prevention of mental ill health and promoting mental health
- Early intervention
- Tackling stigma
- Strengthening transitions
- Personalised care
- Innovation

However, as there was no implementation plan this was never fully implemented.

No Health without Mental Health[4]

New Horizons was superseded in 2011 by the DoH 'No Health Without Mental Health' which again emphasised the importance of a whole life, whole systems approach to meet the diverse mental health needs of individuals with mental health needs. The six key objectives from this strategy are:

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

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

3. **More people with mental health problems will have good physical health**
   Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health

4. **More people will have a positive experience of care and support**
   Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected

5. **Fewer people will suffer avoidable harm**
   People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service

6. **Fewer people will experience stigma and discrimination**
   Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease

1.3 Local Policy Context

This Plymouth Strategy has taken into account the aspirations of No Health Without Mental Health but importantly has also listened to the views and ideas of users, carers and key stakeholders in building a vision of the future for mental health in the city.

Over the last ten years there has not been a comprehensive mental health policy or plan in Plymouth, therefore a city wide, whole life, whole systems approach to meet the mental health needs of its population has not been realised.

The Mental Health Joint Commissioning Intentions 2010/2011[5] (Plymouth City Council and NHS Plymouth) were based on 4 key areas:

- National Policy, Transforming Community Services, Putting People First, New Horizons
- Needs Analysis, Joint Strategic Needs Assessment, Mental Health Atlas
- Local Strategy, Benefits Realisation Plan, Accommodation Strategy
- Performance and Audit

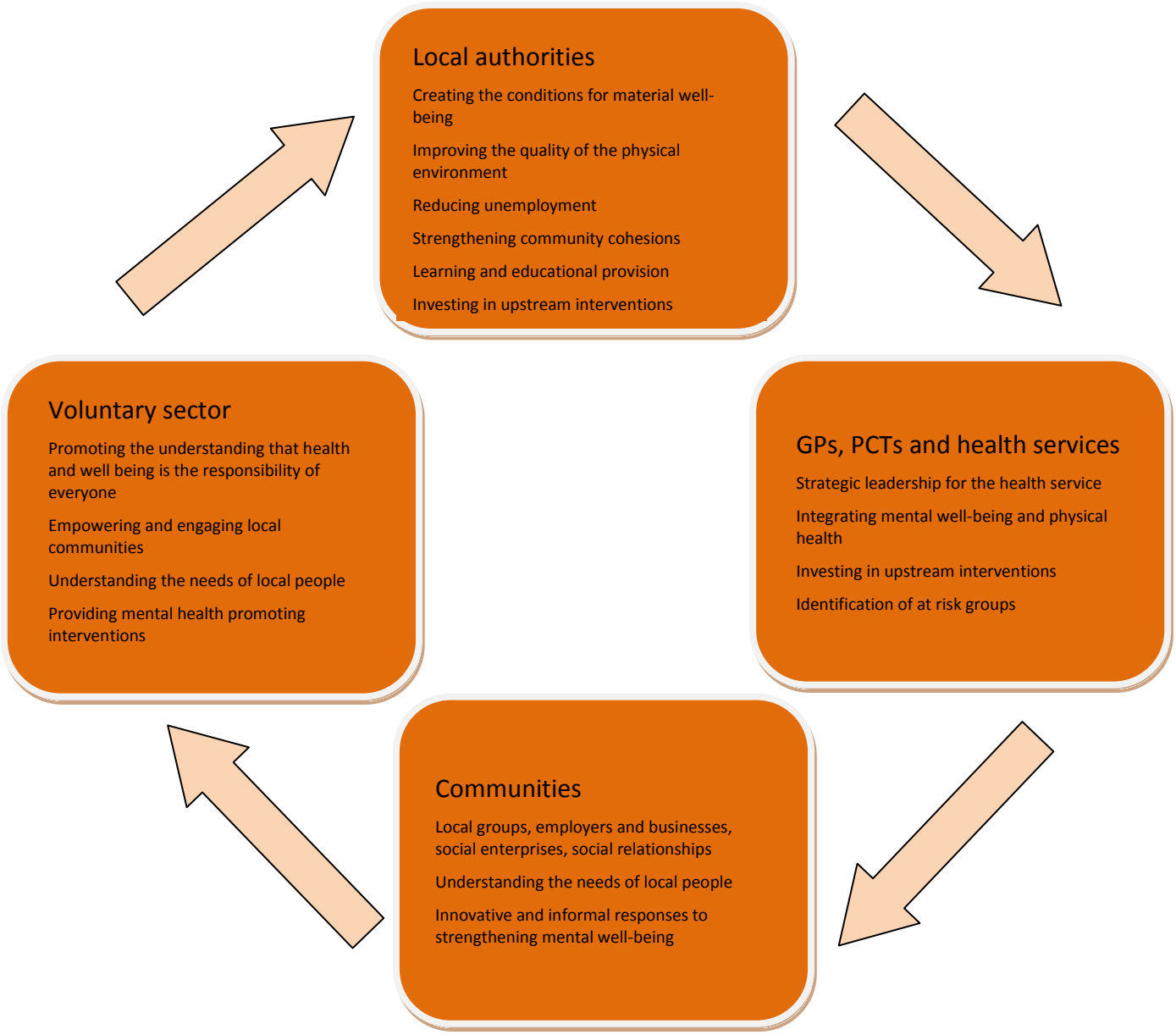
These went on to outline the Commissioning Intentions of a shift to a more preventative and early intervention model with aims structured around the following key themes:

- Prevention of Mental Ill Health and Promoting Mental Health
- Early Intervention
- Tackling Stigma
- Strengthening Transitions
- Personalised Care and Recovery
- Innovation

These continue to be the Mental Health Joint Commissioning Intentions into 2012/13.

Plymouth Mental Health and Well-Being Promotion Strategy 2011-2014[6]

The Plymouth Mental Health and Well-Being Promotion Strategy 2011-2014 provides the framework for delivering improved mental health and well being for the people of Plymouth. It emphasises the need for a whole systems approach involving all sections in the community as outlined in the diagram on page 5.



Source: Plymouth Mental Health and Well-Being Strategy 2011-2014[6]

The overall aims of this strategy are:

- To ensure that everyone in Plymouth has equal opportunity to achieve positive mental health and well-being
- To have a mental health promotion strategy that is agreed, supported and actively implemented by all Local Strategic Partners and by organisations from the public, private, voluntary and community sectors in Plymouth, with involvement from the public and the communities in which they live
- To promote mental health and well-being for all, working with individuals and communities, and to combat discrimination against individuals and groups with mental health problems and promote their social inclusion

These will be achieved by:

- Raising the profile of mental health and well-being so that it is considered as important, in the same way, and at the same time as physical health and well-being
- Tackling the stigma attached to mental illness and the discrimination and social isolation that accompany it

- Embedding mental health and well-being promotion into all policies and activities of Local Strategic Partners
- Reducing or preventing the incidence and impact of mental and emotional distress, anxiety, mental illness and suicide
- Raising awareness of the determinants of mental health and well-being at public, professional and policy-making levels
- Raising awareness of effective practice in mental health promotion
- Developing and supporting inclusive neighbourhoods which value all their members and enable everyone to participate in decisions that affect their lives
- Ensuring adequate support for all people to enable them to manage life stage transitions, especially the transitions from youth to adult and from work to retirement

1.4 Why Develop a Strategy for Plymouth?

The City of Plymouth has no overarching and comprehensive mental health strategy that takes into account the views and aspirations of service users, carers, providers, commissioners and other stakeholders. It is anticipated that by developing this strategy which is based on recovery values and principles, an agreed direction of travel can be determined that can inform and influence commissioning and service providers to develop an integrated approach to service delivery that meets the holistic needs of services users/carers, avoids duplication and provides best practice and value.

Plymouth already benefits from having a strong Mental Health Network Group that has wide representation from all areas and it was agreed that the Network would lead on this piece of work using established forums and by holding a stakeholder event on 5 July 2011 to get the views and input from the wider community of interest.

The remit of the group would be to combine this local experience with government and local initiatives and international best practice to develop a local whole life-whole system strategy and plan. The strength of this strategic approach is to promote an integrated and interdependent strategy which ensures continuity and comprehensiveness of service provision which meets the holistic needs of service users.

2. The Recovery and Whole Life-Whole Systems Philosophy and Approach

This new Mental Health Strategy for the ***people*** of Plymouth, by the ***people*** of Plymouth is rooted in the Recovery and Whole Life-Whole Systems philosophy, values and approach as outlined by the International Centre for Recovery Action (ICRA)[7]

The values and principles of this approach should underpin the services and practices outlined in this strategy.

All stakeholders should undertake to implement these in their daily practice and work.

2.1 The Recovery Philosophy and Approach

The concept of the recovery approach for service users is founded in human values and their application by the user, professionals and the service itself. Its objective is to achieve health and well-being regardless of the degree of disability or distress of the individual.

It requires a paradigm shift in thinking from pathology and illness to self determination, life stories, human strengths, hopes and dreams, peer support and control by the user with support from professionals as partners, mentors and advocates.

It should be rooted in cultural, social, religious and ethnic diversity that gives meaning to the person's identity, belief and circumstance.

To promote the recovery approach staff should re-evaluate their role in the treatment process to one of negotiation, partnership and trial and error.

Service organisations need to allow and support staff in practicing in this way by adopting a culture of creativity, innovation, openness, encouragement of diversity and recognition and celebration of good practice. They should ensure that Recovery and Whole Life training and education is available to all.

2.2 Recovery Practice

Recovery practice is about enabling and assisting the active participation of people in their own recovery journey. This approach involves assisting people to find the time, space and opportunity to identify their own recovery goals and meet them. It asks the “helping community” to work in ways that are fundamentally different.

Recovery practice is not something that is considered as an afterthought or bolted on to existing practices. It asks us to think of our value framework and invites us into an “expansive space” with people in distress. Inviting people to create their own opportunity within their space, where the goal is to enjoy a whole life, where citizenship is more real, with more meaning and purpose in their lives.

This approach requires the “helping community” to intuitively work in ways that can hold a space for this to occur. Providing traditional and fixed models do not provide the opportunities for this to occur. In fact they may only serve to contribute to shutting down the space where people can have opportunities to commence and continue their recovery journey.

Recovery practice is therefore as much a learning process for practitioners, carers and the wider community as it is for people in distress.

2.3 Training

Given this, the need for a comprehensive training strategy is evident to ensure that recovery practice is embedded into a whole systems approach. This will then facilitate change and foster a common understanding as well as provide consistency in approach to recovery.

Training needs to encompass all participants in the recovery pathway including, but not exclusive to, service users, carers, practitioners, managers and service providers. Service users will be an integral part of the delivery of this training. It will include:

- Recovery values and principles
- Recovery Practice for Practitioners
- Mental Health Awareness
- Managing your mental health
- Recovery in Leadership
- Whole Life Whole Systems Development
- Hearing voices
- Self Harm

2.4 A Whole Life in All Respects

These principles underpinned the evidence gathered and the way the strategy was structured.

Where you live: The place you live in should meet your individual needs. You should not have to worry about having to move out, and it should not be too out-of-the-way. You should be able to come and go when you want, be alone when you want and not be harassed by the people you live with, by staff or by neighbours.

Money: You should have enough money to pay bills, stay out of debt and not miss meals. You should not have to feel isolated or cut off from society because of lack of money. Help with finances – many people find that they need help with claiming benefits, filling in forms and working out how to manage their money. You should get as much help as you need to do these things.

How you spend your day: You should have the opportunity to spend your day in some form of regular and meaningful activity. This could be working, studying, training, physical or leisure activities. Family and friends – mental illness can affect a person's relationships with the people that he or she cares most about. You should be able to maintain good relationships with the people closest to you.

Social life: You should have the opportunity to mix with people and form new friendships and relationships. To make this possible, you should have enough money, access to transport if you need it, and the use of a telephone.

Information and advice: You should be given as much specialist information as you want or need about the services and treatments available to you, about the Mental Health Act and how it works and about the mental health system generally. Some people find it helpful to have someone like them (such as another service user or a member of the same community) to explain things to them. The information you are given should be clear and easy to understand, and should be available as and when you need it.

Access to mental health services: You should be able to get help from your local mental health services when you need it, throughout the week, at any time of the day or night.

Choice of mental health services: A range of services should be available to you, and you should be able to choose those that closely match your needs, including complementary/alternative therapies, counselling and psychotherapy. You should have a choice about the mental health workers you meet with regularly (for example, being able to choose their gender or ethnic background) and be able to change workers if you do not get on.

Relationships with mental health workers: Doctors, nurses, social workers and other mental health workers should show you respect, be honest with you and discuss things with you in a way in which you can understand. They should keep information about you confidential or ask your permission before

passing it on to others. If they pass on information, it should be accurate and save you from having to repeat yourself to new mental health workers.

Consultation and control: Mental health workers should not pressurise you to do anything that you do not want to, or take decisions on your behalf without getting your permission first. Even if you have been 'sectioned', people should show you respect, listen to you and take your opinions seriously.

Advocacy: You should be able to put your views across to people in authority. This can be difficult for several reasons, such as the effects of medication, if English is not your first language or if the situation is frightening or intimidating. If you want you should have somebody (an advocate) to help or support you, or speak for you. You should feel that this person really understands what you want and genuinely represents your views when he/she speaks on your behalf.

Stigma and discrimination: You should feel safe and other people should not harass, exploit, victimise or be violent towards you. You should not experience stigma or discrimination at home, at work or from mental health workers, police or any other section of the community. People should not discriminate against you because of race, culture, religion, gender, sexual orientation, physical or mental disability or for any other reason.

Your medication/drug treatment: Medication should be given only to relieve the symptoms of mental ill health and to reduce your distress. All medication can have unwanted effects, but these should not cause more disruption to your life than improvement. You should expect all medication to be given in line with good guidance in the proper use of medication[8 & 9]

Access to physical health services: You should be able to get the treatment and care that you need for your physical health when you need it, whether you are in hospital or living at home. You should be able to be registered with a general practitioner and have regular check-ups from a dentist. You should have access to other types of care, such as opticians, chiropodists, physiotherapists, etc. Relationships with physical health workers – the people who give you physical health care should listen to you, show you respect and take your condition seriously.

2.5 A Whole Life-Whole Systems Approach

This approach incorporates the Recovery Approach for individuals with Whole Life-Whole Systems community development, to ensure individuals have a whole life, full of wellbeing and purpose.

It develops a wider community common purpose and responsibility and commitment through partnerships with local community organisations and groups.

It is important to move away from with the ever increasing preoccupation with security and risk to ways to improve the social determinants that are key causal and aggravating factors to a persons' mental health and the opportunities for their recovery.

A common purpose of understanding and action for improved mental health and wellbeing of the population needs to be developed in and across communities.

This should use a Whole Systems developmental approach and process by engaging with all community organisations that have real or potential capacity to provide housing, employment, volunteering, art and culture, sport and leisure and education.

A Whole Systems process of developing a community common purpose and responsibility has been developed by the International Mental Health Collaborating Network (IMHCN)[10] and is being used in the development of this Plymouth Strategy.

The fragmentation of separate responses for specific needs and individuals should be avoided; this only reproduces separation and de-personalisation based on the primacy of bureaucratic categories and ideologies of exclusion. Notions of 'primary and secondary', 'enduring and common', 'serious and mild' prevent the adoption of citizenship and community models of care.

The following basic presuppositions are at the heart of Whole Life Whole Systems for modern practice intended to produce positive outcomes for communities and people with mental health problems:

- Breaking the domination of the medical paradigm, and reconstructing and endowing individual life-stories with value in a culturally and community appropriate way.
- Acknowledging the possibility of illness or distress as an expression of suffering within the various areas of a person's life, and the adoption of a therapeutic approach which takes the 'whole life' of the individual into full account; and which recognises his or her uniqueness as a citizen of a given community who does not wish to be excluded because of a mental health problem and who has the potential to be content with or without the presence of mental health symptoms or problems.
- Affirming the protection of rights as the fundamental element in the care of any individual.
- Helping a person to good health, at the same time as protecting and enhancing their status as a citizen.

Whole System thinking is a discipline for seeing ***wholes*** not ***holes***. Its essential framework is developing interdependence and interrelationships rather than static and separate parts.

The common purpose of the whole should embrace all the principles and values of Recovery and the parts of the system must be sensitive to their contribution in achieving the overall purpose. The whole becomes more important than any of the parts on their own. They should actively promote recovery, self determination and growth for the individual by benefiting from both the mental health whole systems service and a community's natural resources.

2.6 Principles of Whole Life- Whole Systems

Accessibility
Services should be organised and provided in a way that enables access to be easy through a single point of entry with a pathway that is well understood by users, carers and other providers. Services should be provided whenever possible close to where people live.

Comprehensiveness
It is well understood that a comprehensive well integrated service system that meets the needs of people in a holistic and continuity of care way is much more likely to provide better recovery opportunities and outcomes for service users. Each component of the service should be seen and interwoven as part of the Whole System.

Effectiveness
Services should be evidence based and subjected to governance, quality standards and performance indicators to ensure that they are effective to provide the best outcomes for service users.

Equity
Mental Health Services and resources should be organised and provided to the same level and standard to every geographical area in a given region or country to reach all the population being served.

Evidence based practice and values
It is acknowledged that there are many treatments and therapies that are proved effective for most mental illnesses. These should be introduced as routines in the daily practice of professionals to maximise the best outcomes for service users. Users should be given a choice and be able to access the most appropriate treatment and therapy to meet their need.

Family involvement
Family education and involvement in understanding mental illness and the needs of the user is an essential part of the therapeutic experience. The family should be valued as partners in the recovery process of the user by professionals.

Efficient and effective use of resources
Mental health, human and financial resources are always not sufficient to provide the best service possible in most countries. It is fundamental that the ones available are used in the most efficient and effective manner. Resources should not be wasted on administrative and bureaucratic structures and large psychiatric hospitals.

The priority for their use should be on front line services in the community that will directly benefit the user. More information on this can be found on the International Mental Health Collaborating Network (IMHCN)[10]

3. Needs of Community and Service Users in Plymouth

To inform the development of this strategy the Plymouth Mental Health Network organised a consultation process that would gather the views of a comprehensive range of stakeholders. This included an initial stakeholder day held on 5 July 2011. The day was facilitated by the International Centre for Recovery Action (ICRA)[7] with both local and national presentations on good practice in a whole life whole systems approach. Participants looked at the recovery life domains in relation to the needs of individuals, good practice and gaps. They were then divided into life domain groups as outlined below and asked the following three key questions:

What are the needs of service users?

Are those needs being met at present?

How could they be better met in the future?

Each group then produced the key issues to be addressed as outlined below:

Art, Culture & Spirituality

- Opportunity for self expression, creativity, non verbal communication
- Opportunity to improve confidence, self esteem and interpersonal skills
- Central, safe base for creative activities
- Not good on spirituality – need to improve

Education & Occupation

- Education about mental health issues for those experiencing mental ill health either directly or indirectly
- Awareness raising across communities
- Gaining skills and qualifications
- Support for employment initiatives – pre-employment, gaining employment, retaining employment

Friends & Families

- Carer support & education
- Range of respite opportunities

Housing

- Availability of a range of quality housing
- Education / support for private landlords
- Support around maintaining tenancy
- Independent living skills support

Social Networks

- Confidence, self esteem and social skills key in building networks
- Possible use of internet for mental health social networking
- Importance of building healthy, supportive networks
- Balance between shared experience and mainstream networks
- Support and encouragement to engage – buddies, peer support

Sports & Leisure

- Promotion of healthy lifestyles which in turn has a positive impact on mental health
- Range of opportunities from discreet to socially inclusive
- Using sport to build other skills

Treatments, Therapies & Alternatives

- Recovery focused and client centered
- Choice and range of providers
- Treatment delivered in partnership
- Early intervention
- Wellbeing
- Addressing physical health issues
- Whole life approach

How to Commission & Transform

- Recovery focused
- Stakeholder involvement
- Listening
- Clear vision
- Identify gaps and avoid duplication

3.1. Key Themes

In evaluating the information from the stakeholder day the following cross cutting themes emerged. It is envisaged that these will form a key part in the implementation of an action plan in relation to the above points. These are outlined below:

Centralised signposting, advice and information
Easily understood and accessed signposting to mental health services, advice, information and support

Promotion
The promotion of good mental health within communities to prevent mental ill health developing

Early intervention
Identifying a person's mental health difficulties and providing appropriate interventions at the earliest possible stage

Stigma
To address stigma and discrimination in the local population through the provision of public education and campaigns.

Interventions at Primary Care level
It is recognised that most people seek help for their mental well-being at a primary care level so there needs to be a wider level of interventions available within primary care to ensure that the most appropriate referrals are made to secondary health care.

Support / facilitate engagement
Services should recognise the importance of developing trusting relationships that facilitate positive engagement between service users, carers and mental health workers. They should also look at innovative ways to identify people with mental health problems and encourage them to engage with a service.

Easy access
Access to services should be well documented, easily understood, be available according to need in a timely and convenient manner.

Carer support
Recognition of the contribution, involvement and support provided by carers and the support they need to continue providing this.

Working together in partnership
Developing a culture of partnership working between organisations in Plymouth through sharing good practice, skills, resources and training.

Education / Training
The need for service users to access a full range of education and training opportunities that provide a stepped approach to enable them to progress into mainstream facilities.

A Whole Life Whole Systems Approach
To ensure there is a range of services that enable recovery and promote inclusion.

Security of funding
Service providers need to have longer term security of funding for their services to ensure continuity and quality.

Recovery focus
All services and service developments should have a service user focus with service users involved at all levels.

Financial capability
To provide appropriate advice and support to enable service users to build resilience to manage their own finances.

The following key principles will influence the way in which we take the above issues forward into an action plan.

- Better coordination
- Recovery approaches
- Effective and equitable resourcing
- Recognising the value of all interventions whether they are delivered in a specialist or non-specialist environment
- Equity on tendering processes for all organisations

Stakeholders endorsed the development of a whole life whole systems strategy and gave a mandate to the network to establish a small working group to take the strategy forward for a reference group to oversee their work. At each stage the draft strategy was discussed and agreed by these two groups. A final stakeholder day was held on 30 January 2012 to further discuss the final draft to ensure that it represented the views of the stakeholders and was consistent with the outcomes of the first stakeholder day.

4. Needs and Roles of Family Members/Friends/Support

There needs to be improved communication, networking and collaboration between family members themselves and public services, the third sector and other supports. Information technology and social media can assist in this.

There also needs to be continuation and improvement of opportunities that can be accessed easily and people can dip in and out of on a flexible basis. By doing this communities can come more together to improve mental health, strengthen individual family members and the communities themselves.

Improved and specific education for carers, family members and friends is required including understanding illness and how to deal with it and informed knowledge on medication and side effects. As part of this the service user “expert by experience” role and benefits needs to be explained and shared with carers, community groups, schools, colleges, etc.

Family members have a key role in raising public awareness and promoting positive mental health and recovery.

There needs to be provision for a range of respite support for carers in the City, including easy and quick access to support in times of crisis, easy to access information and one point of contact.

There is a need for family support and liaison persons in in-patient units, especially Glenbourne, to provide information and support, respect for relatives and their recognition and involvement.

A comprehensive multiagency Plymouth Carers Strategy needs to be developed.

5. Population Served

This information has been taken from the Adult Mental Health Needs Assessment for Plymouth, part of the Mental Health Promotion Strategy[6]

The City of Plymouth is situated on the coast in the South West of England. Historically it is a naval town.

The population as of January 2012 was 258,700 which would indicate that 64,675 people will experience a mental health problem.

Risk factors increase the likelihood of poor mental health. Many of these risk factors are complex and interrelated. The types of risk factors can be broken down into three categories:

- The incidence or the impact of negative life events and experiences for individuals, e.g. abuse, relationship breakdown, long term illness or disability
- Social isolation and exclusion
- The impact of deprivation and inequalities in health

These three categories encompass areas such as housing, unemployment, crime, poor physical health and drugs and alcohol misuse.

The 2007 Adult Morbidity Survey demonstrated that those with the lowest income were more likely to have common mental health problems than those in the highest (28%) and this was particularly marked for men (8.8%). In general, wages are lower in Plymouth than in the rest of the South West and the UK and unemployment levels are higher.

Much research has shown that domestic violence and abuse were the most common causes of depression in women with up to 75% of victims of domestic violence experiencing depression or anxiety disorders. Domestic violence is also implicated in one third of all female suicide attempts. In addition children exposed to these situations are at an increased risk of behavioural problems, emotional trauma and mental health difficulties in later life. Domestic violence has been identified as a key area in the Health and Wellbeing strategy currently being developed in the city.

5.1 Mental Health Needs of the Population

The estimates below are derived using PNSI (Projecting Adult Need and Service Information); The Adult Psychiatric Morbidity Survey; The North East Public Health Observatory and the Plymouth Mental Health Atlas.

- 27,000 18 – 64 year olds are estimated to have a common mental health disorder of which 16,764 are female and 10,675 are male
- Just under 43,000 residents aged 18+ will experience a common mental health disorder

- More than 700 people in Plymouth aged 18 – 64 are predicted to have borderline personality disorder
- Almost 600 people aged 18 – 64 are estimated to have antisocial personality disorder
- Almost 700 people aged 18 – 64 are estimated to have some type of psychosis
- Over 12000 people aged 18 – 64 are estimated to have more than one mental health problem
- The number of hospital admissions for self harm in Plymouth is higher than the national average and attendance at A&E has more than doubled since 2008/9

In total there were over 76,000 contacts with statutory services in 2010/2011 and 6,451 admissions. These were broken down into localities as follows:

Locality	Contacts	Admissions
South West	22,809	1,833
South East	15,959	1,172
Central/North East	12,522	1,104
North West	10,794	1,154
Plympton	8,209	645
Plymstock	6,357	543

According to Adult Social Care Intelligence Services in Plymouth in 2010/2011 there were:

- 4,230 mental health clients using social care services
- 1,365 using community based services
- 725 using residential care services

A majority of these were older adults.

Increasing Access to Psychological Therapy (IAPT):

- 3,202 people entered psychological therapies through IAPT
- 1,396 completed treatment

6. Current Services

A comprehensive mapping of mental health and well being services was completed as part of the Adult Mental Health Needs Assessment for Plymouth. It includes all areas of service provision including health, social care and the third sector and can be found in the above document.

6.1 Mental Health Expenditure

Recent work carried out by the Department of Public Health as part of the Mental Health Needs Assessment indicates that the level of mental health expenditure on adults by Plymouth Primary Care Trust and Plymouth City Council identified a total of £28.238 million (£22.315 million PCT and £5.923 million for

PCC). However, of this figure a total of £7.701 million is spent on out of area placements (page 93 of the report).

Further work is needed to identify expenditure by the third sector and the source of this funding.

7. Whole Life-Whole Systems Mental Health Strategy

The objective of this Strategy is to set out a comprehensive, integrated direction that can meet the needs of all people with a mental health issue. This should take account of the special circumstances of the Plymouth population based on the needs assessment.

There has been a considerable effort to engage the full range of stakeholders to obtain their ideas and suggestions about this Strategy and its content and direction. This included service users, families and care-givers as well as Third Sector, NHS and Social Services and community organisations and groups in Plymouth.

To achieve the strategic objectives services need to be organised to ensure that they are:

- Available locally
- Easily accessible
- Able to provide comprehensive support and treatment
- Acceptable to local communities
- De-stigmatising
- Able to ensure that people maintain contact with their families, friends and their social system
- Based on a recovery and whole life philosophy, vision and practice

The main strategies that are required to achieve these objectives are:

- Developing a community mental health service by changing the thinking, practice and system
- Integrating mental health care with local primary care services
- Developing partnerships between public services, community resources and community organisations
- Public education and public health interventions for mental health
- Recognising the natural strengths that individuals have to aid their own recovery and making use of these through the organisation of self-help and recovery approaches for service users and their families.

7.1 Developing a local comprehensive mental health service system

There are many advantages to providing mental health services based in the community by the community with a whole systems approach:

- Enhances continuity and comprehensiveness of care
- Addresses the essential elements of a comprehensive psychosocial rehabilitation strategy that includes social reintegration, employment, housing and general welfare
- Improves choice, outcomes and cost-effectiveness of interventions, particularly when informal mental health services such as, families, self-help groups and volunteer workers are given adequate direction, support and opportunities to develop

7.2 Developing partnerships between public services, community resources and community organisations

It is impossible for the health sector in any country to meet the varied and complex needs of people with mental health problems on its own. Collaboration between mental health, general health, the 3rd Sector and the non-health and community sector is necessary to develop a broad range of flexible types of support for users to meet their diverse needs. These should include the provision of appropriate social interventions, supported housing and projects to promote the mental health of the general population.

It is, therefore, necessary to consider the contribution that should be made by other sectors to achieve a comprehensive whole service system. These will include:

- Welfare organisations
- Religious organisations
- Education
- Housing
- Social care
- Private organisations
- Charities
- Employment agencies
- Third Sector Organisations

Whilst acknowledging the importance of diversity in the approach and provision of individual service providers, it is essential that all organisations working in the mental health service system are united in their purpose, vision and values for the benefit of all the people in Plymouth. In other words it is a Whole Life-Whole Systems approach that this Plymouth Strategy aims to achieve.

A number of community organisations and groups in Plymouth play a significant role at present in the provision of mental health services across all the life domains highlighted in this Strategy.

Community and user groups can themselves be an important resource and setting for improving the treatment, care and support provided to people with mental health problems. The role of the community can range from the provision of self-help and mutual aid to lobbying for changes, carrying out educational activities, participating in the monitoring and evaluation of care and advocacy to change attitudes and reduce stigma. There are already some examples of this type of activity in Plymouth. Support should therefore be given to stimulate the continued development of existing and the creation of new local groups which should be woven into a coherent and effective Whole System.

This Strategy builds on the strengths of what has been established in Plymouth and sets out a new direction to ensure that the needs of people with mental health problems are properly and adequately met in the future.

A matrix of what is currently provided by these community organisations and groups and their contributions in the future in the various life domains is available from the recent local mapping exercises carried out by the Plymouth Mental Health Network as a directory both in hard copy and on their website http://www.plymouthmentalhealth.org.uk/ and by Public Health as part of the aforementioned needs assessment.

8. Developing a Plymouth Strategic Plan

The Whole Life- Whole Systems Strategy as outlined above together with the consultation process, the Adult Mental Health Needs Assessment and the Public Health Mental Health & Wellbeing Strategy[6] should be used to develop a 5 year strategic plan. This plan should determine how the mental health needs of the population of Plymouth as outlined in the eight life domains below, will be met.

Domain 1: Art, Culture and Spirituality

Art and Culture

Art and culture activities and groups are a valuable resource for people's recovery. There are a variety of both targeted and community based opportunities including: Symbiotic, Mind, Crossroads, TR2.

At present there is difficulty in people being able to access the wide range of activities and groups that are available in Plymouth. There is a need for better coordinated information and ease of access to these activities. This is a key area for improvement and development.

A non statutory organisation should be given the role to establish and manage an information and coordination centre and to develop partnerships with the various opportunities in the Plymouth community.

Spirituality

Faith communities provide places of support and friendship for a large number of people, some of whom are dealing with mental health issues, many are vulnerable to developing mental health issues.

It is mostly a caring inclusive environment, where people are treated with respect and get to live alongside other people. Generally the focus of faith groups is threefold; firstly to nurture peoples spiritual growth, secondly to provide a community to belong and thirdly to give people opportunities to serve the wider communities with practical service. This practical service is wide ranging and includes anything from, poverty relief including food banks, soup run for the homeless, to counselling services, particularly bereavement, crisis pregnancy and divorce.

The Plymouth Faith in Action Audit 2010[11] collected data from 45% of faith communities in Plymouth and showed that the voluntary man hours given to serving the people of Plymouth annually exceeded 450,000 hours. This shows the level of involvement in community services delivered by people in faith communities. This wealth of people power could be better tailored to where the need is and given information to where the gaps are in the systems.

The experience of one church is that of the adults in the congregation; 5-10% is currently using primary and secondary mental health services, and live off disability allowance. Half are part of teams in our "storehouse ministry", helping other people. This voluntary work helps give structure to their life and increases their self esteem. A further 5-10% are recovering addicts. For example, support given to a single mother with addiction problems when she had a blip in her recovery that enabled her to access the Harbour Centre and rehab facilities, whilst supporting her with her children and preventing them from being fostered during this crisis. A church representative attends her core decision making team meetings with respect to her care plan.

This integrated approach is good practice. This is what occurs in one faith group, but multiplied by the number of faith groups in Plymouth, it accounts for a substantial number of networks that operates throughout Plymouth.

It is a place where there can be an early identification of mental illness occurring. Faith communities can see when people withdraw, can draw near people when they start to suffer, offering practical support and friendship. These communities can also direct people to other services, if it is clearer where the access points are.

The needs of faith communities

1. Education of Recovery and Whole Life-Whole Systems Philosophy behind this strategy, which will enable well intentioned people to support those in mental health more effectively. Faith communities could also be a vehicle through which to change attitudes towards those with mental health issues, dispelling discrimination and stigma, starting with itself.

2. Coordination of the agencies, with an easy access point and a pathway to the services would enable all people who support those with mental illness to find help earlier. Knowing where to access information for people, and to direct them to places where they can help themselves.

3. The recognition that faith communities play a part of the support network.

Domain 2: Education

Personal education and skills development

All too often people with mental health issues experience interruption in their education or have difficulty in getting back into education, training programs and skills development. This is the way for users to build self confidence, skills, resilience and independence.

There is a need to improve and enhance access to existing educational programs in Plymouth and to create a range of courses that facilitate and support a greater number of people with mental health issues to commence or re-commence training courses and skills development. There is considerable scope to build upon the initiatives that have been established through Mind, PLUSS and within City College Plymouth. The proposed establishment of a Recovery College by Mind within Plymouth should be seen as a significant step forward in addressing this need.

Plymouth Recovery College

The Recovery College http://plymouthmind.com/info/recovery-college-plymouth-mind aims to support people in recognising and making the most of their talents and resources in becoming experts in self care; in dealing with the mental health challenges people experience, and to do the things that people want to do in life.

The College aims to:

- Promote an educational and coaching model in supporting people to become experts in self care on their recovery journey

- Break down barriers between 'us' and 'them' by offering training sessions run for and by people with experience of mental health challenges either directly or indirectly, and people with experience by training.

Public Education

For over 200 years there has been public discrimination, stigma, misunderstanding and myths about mental illness and the people who experience mental health issues. This is still the case today although much has been done to try to overcome this situation. This is an ongoing struggle and every effort should be made by each organisation in Plymouth to continue with awareness and anti stigma campaigns and events.

The development of a strategic Mental Health and Wellbeing Action Plan[12] should be perceived as positive and helpful, a particular component of the action plan, a campaigning strategy to enhance people's awareness and understanding concerning Mental Health issues.

Role of Professional staff in the promotion of the Mental Health and User Recovery

- Research shows that professional's expectations of service users recovery does not include aspirations of education and employment. People's recovery path in education and employment needs to be embedded in their day to day work. Main providers need to have a clear recovery training program that promotes this so all organisations are working consistently to promote and achieve recovery for users
- Public Health and the Mental Health and Wellbeing Strategy Action Plan, are examples of what we are doing.
- Evidence shows that Mental Health teams should have specialists embedded in them whose role is around the promotion of social inclusion and particularly around occupation, education and employment. Occupational Therapy roles could return to core competencies to embrace this. Increasing Access to Psychological Therapies shows embedded employment specialists changed thinking of practitioners
- Wide range of opportunities for people will complex needs. STEPS supports individuals in secondary care and forensic services. This provision needs to be increased. There is a need to be creative about how to provide this for example in a social enterprise
- The promotion of physical activity to enhance mental wellbeing and promote recovery. This could be achieved by using local facilities and in particular by building links with the Life Centre

Domain 3: Occupation and Employment

This is probably the most important area in users' recovery to enable them to have a whole life. This has been shown in international research for many years.

This is an area where there is much work to be done.

Currently there are a number of initiatives and opportunities focused upon volunteering indicating opportunities such as those at Avenues and STEPS. However, there remains considerable scope to develop the scale and range of opportunities that are available.

There is considerable scope to improve the coordination of employment opportunities and a number of indicators are emerging to raise awareness with employers of the considerable benefits of good mental health in the workplace programs.

The current IAPT program has been successful in both getting people back into and retaining people in employment but has targeted those with less serious mental health issues – there is still scope for progress and improvements in relation to people with more challenging mental health problems.

There are currently no specialist employment workers within Community Mental Health Teams and this is an area that would benefit from review. Additionally the role of Occupational Therapist within these terms could be reviewed to ensure maximum benefit from their contribution to the team approach.

The Mindful Employer initiatives, whilst very helpful is, on its own, too small. Other indicators to back this up include, making available more opportunities to receive Mental Health First Aid Training and the training programs, including the City and Guild Level 3 Programs, that are being developed and delivered by Mind.

Social Firms and Social Cooperatives have been shown to transform the opportunities for users to enter the workforce in the training in skills development and competencies in various aspects of work and therefore employment. http://www.socialfirmsuk.co.uk/

A good reference to this is what has been developed in Trieste, Italy and other places, including the UK.

Domain 4: Friends and Families

Family Members and/or Carers can play a significant role in the recovery process for users. They need to be involved at an early stage and given information and actively engaged in recovery plans. They also require support and their needs to be understood and addressed. Many organisations have a Carers Strategy in too many cases. This needs to be better implemented.

The DoH Carers Strategy[13] states:

“Good up to date information on things like services to help you look after your friend or relative, housing, benefits, money and getting a break.

Staff that work in health and social care should respect carers. Staff should work together with carers in looking after their family member.

Assessments need to be easier and quicker. An assessment is a form or meeting to find out what support someone needs.

Carers often feel forced to give up work because they need to look after someone.

Carers need breaks from looking after their family member or friend so they can carry on looking after them in the future. A break could be a holiday or time off from caring each week.

Carer’s Allowance needs to be looked at as carers say it is not enough money. They also want the rules around other benefits to be looked at. Children and young people who are carers need more support and help.

Schools should be better at supporting and understanding young carers."

The Princess Royal Trust and the Mental Health Development Unit produced the Triangle of Care in Acute Settings[14]. The 'Triangle of Care' is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains well being.

The six key elements state that:

1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2) Staff are 'carer aware' and trained in carer engagement strategies.
3) Policy and practice protocols regarding confidentiality and sharing information are in place.
4) Defined post(s) responsible for carers are in place.
5) A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway.
6) A range of carer support services is available.

In addition to the above, there also needs to be regular assessing and auditing to ensure these six key elements of carer engagement exist and remain in place.

A Carers Charter has been developed and adopted by some mental health providers. This has proved to be a useful way to ensure that the needs and role of Carers is embedded in policy and practice, e.g. Devon Partnership NHS Trust[15]

Support for Carers

See: Support for Carers, carers at the heart of the 21st century families and communities, a caring system on your side, a life of your Own[16]

Local organisations:

Carers Hub Plymouth aims to help carers to stay mentally and physically well and be treated with dignity, be recognised and supported as an expert care partner, enjoy a life outside of caring and not be financially disadvantaged. http://www.plymouthguild.org.uk/

Devon Carers provide help and advice for carers in Devon. Telephone: 08456 434 435 (8am–6pm Monday to Friday and from 9am–1pm on Saturdays). http://www.devoncarers.org.uk/

Signposts for carers providing help and advice for carers in Torbay. http://www.torbaycaretrust.nhs.uk/

Parent Carers Voice is an independent network of parent carers run by, and for parent carers of children and young people with additional needs or disabilities aged from 0 to 25 years old, and their families who live in Devon. http://www.parentcarersvoice.co.uk/

National organisations:

Carers UK is a national charity which helps millions of people who care for family or friends. http://www.carersuk.org/

Carers Direct is part of NHS Choices and provides information, advice and support for carers. http://www.nhs.uk/carersdirect/

The Princess Royal Trust for Carers was created on the initiative of Her Royal Highness The Princess Royal in 1991. The Trust's aim is to ensure carers are recognised, valued and able to maximise their quality of life. http://www.carers.org/

YCNet is a website and online support service for young people aged 18 and under in the UK, who help to look after someone in their family who has an illness, disability, drug/alcohol addiction or mental health condition. http://www.youngcarers.net/

Domain 5. Housing and Accommodation

Housing and accommodation is such an important part of a successful whole life for users that there needs to be a more joined up Strategy in Plymouth to improve this. This should include a survey of public and private housing stock.

A means of enabling users to access mortgages should also be explored by involving the business community.

Having a home which is safe and affordable is generally considered to be a basic need. Stable surroundings help to maintain health and wellbeing. Poor housing or homelessness can contribute to the development of mental health problems or can make existing mental health problems more difficult to manage. MIND[17] consistently reported that individuals experiencing mental health issues would prefer to live in their own house or apartment, to live alone or with a spouse or romantic partner, and not to live with other mental health users. Users say that there should be strong support from mental health teams who are available on call. Users also emphasised the importance of material supports such as money, rent subsidies, telephones, and transportation for successful community living.

There is a need to educate private landlords on mental health and the needs of people with mental health issues and the importance of their accommodation in the recovery process. This should include advocacy and help to address issues with tenants in arrears, affordable rent and accommodation of a good standard.

A Tenants Charter could be developed to include:

- Role in working with tenants not already engaged with MH services
- Good relationships with neighbours
- Stability in community through security of tenure
- All housing should be 2 bed minimum – use the second room for a carer, family member, etc.
- More support for private landlords
- Help for private landlords to work individually with tenants
- Proactive rather than reactive
- Homes should have a minimum room size
- Training for staff awareness, avoid “problems” with tenancy leading to eviction. This could increase referrals before a critical point reached
- Green spaces around the building
- Safety in the neighbourhood
- Tenancy security
- Housing between private and completely supported – enable more move to private
- Need more choice
- Different legislation for social and private landlords

- "Support workers" in social housing
- Limited time to work with tenants
- More individual plans
- Prepare clients to be a "good tenant" – informal
- Guarantee/incentives for private landlords to offer homes to tenants with mental health issues
- Respite/safe house – when break is needed; help with unpacking and settling in
- Advice on how to make a home – personalise and make fun
- Moving is very stressful need someone to give advice on this
- Knowing rights and responsibility as a tenant
- More information for landlords and tenants – what to do if things go wrong
- Financial support for tenants when moving in e.g. deposit and rent in advance
- Telecare – reminders (Sanctuary Housing already provides this)
- Support for tenants who want to move out of current home into another – choices, problems
- Support for move from a furnished to a non-furnished home – information, how to move home, planning what is needed
- Everyday skills – hang a pair of curtains, fix power, fuse box, putting a picture up, staying safe (personal safety) in house/area
- Booklets – emergency numbers
- Local Authority support for 18 – 24 year olds or 65+, best interests of person
- Independence living, know what you can use, signposting/advertising.

Domain 6: Social Networks

The importance of meaningful social networks is well researched and evidenced.

The developing of a range of living skills can be acquired through support, education and training and a number of programs are currently available. Of particular significance is the recognition of the importance of self help initiatives, a number of self help groups have been established and, within the Third Sector, work has started to establish and develop the role of Peer Support Workers.

It is positive that user led training initiatives are being established, such as the Knowledge and Understanding Framework (KUF) and the National Personality Disorder Programme which support and enhance such arrangements.

It is important that support is available for people wishing to form social networks, there is much to do in this area, although there are examples of creative approaches, such as "circles of support"[18] in Bristol that could help and give direction to initiatives.

It is also important that, whilst not blocking creative initiatives, developments are not piecemeal and are coordinated in an organised manner which could be a role for a third sector organisation.

Domain 7: Sport and Leisure

This section covers what can be done to improve the physical health of people with mental health problems, whether they are engaged with statutory services, receiving no support for their mental health, or at risk of poor mental health. The aim is to reduce the number of people with mental health problems who die prematurely and improve the mental wellbeing of people with poor physical health.

Factors which contribute to this include risk of self harm and suicide (looked at in more depth in the 'avoiding harm' section), unhealthy behaviours (lack of exercise, poor diet, smoking, alcohol consumption) resulting in long term health conditions, lack of education and support to lead a healthier lifestyle and poor access to physical health services.

No Health Without Public Mental Health (Royal College of Psychiatrists: 2010)[19] demonstrates the links between people with mental health problems and mortality from cardiovascular disease, cancer and respiratory disease. It also states that people with schizophrenia and bipolar disorder die on average 25 years earlier than the general population, largely due to physical health problems such as cardiovascular disease.

What is working well

- Mental health services which integrate physical activity into their everyday programs e.g. Crossroads, Syrena
- Community activities which are accessible and encourage attendance of people who have mental health difficulties e.g. walking groups, public health initiatives, Active for Life
- Positive role modeling of support staff/volunteers to be healthy and active
- Having an advocate to support a person to an appointment regarding their health (mental or physical)

Where the gaps are

- Good access to primary care services for physical health problems when you're a mental health patient i.e. having physical complaints taken seriously. Mental health service users are less likely than the general population to be offered health checks such as weight, blood pressure, and cholesterol; receive opportunistic advice on smoking cessation, exercise or diet; and are likely to have their physical health needs unrecognised or poorly managed (Mental Health Foundation)
- Information about changes people can make to lead a healthier lifestyle. Our City's Health is Plymouth's public health framework which outlines the significant health inequalities in Plymouth and that promoting healthy living is everyone's responsibility, particularly those with a duty of care to others
- Support for people around decision making and coping with stress to reduce risky behaviours
- Regular access to health related activities (e.g. exercise, stop smoking workshops, etc.) in familiar and safe environments
- Support staff willing and able to support service users to attend physical activities in the community
- Access to exercise groups and clubs in the community which are supportive and confident in accommodating people with mental health difficulties
- Access to physical activity as a form of treatment and rehabilitation for every patient in secondary care

The solutions

- Primary care professionals to provide more focus on physical health as well as mental wellbeing

- Promotion of access to advocates supporting mental health patients when visiting their GP. People who have used Plymouth Guild's mental health advocacy service have fed back that when they have used an advocate to support them when visiting their GP or health professional they have felt more listened to and that their quality of care has been better
- All front line staff and key services to build physical health and lifestyle messages e.g. importance of diet, exercise, smoking cessation and safe alcohol use into every day work and refer service users to appropriate services for further support if required, and provide advice on an opportunist basis
- Better access to psychological therapies e.g. Cognitive Behaviour Therapy (CBT, motivational interviewing and counselling to reduce risky behaviours, improve decision making, techniques to cope with stress (as alternatives to smoking, drinking alcohol, self harm, comfort eating, etc.) and reduce unwanted physical side effects of medication. This will also offer more treatment choice to service users and for some could be an alternative to medication and reduce side affects which impact on physical health
- Utilise the Active for Life service and public health practitioners to promote and support healthier lifestyles
- More mental health services building healthy activities (exercise, stop smoking workshops, etc.) into their programme of activities. Active for Life has found through service user feedback, that most people are likely to engage in a physical or health related activity if:
    - it is run by or they are with someone they know
    - it is in an environment they feel comfortable in
    - it is achievable
    - it is low cost
    - if staff are supporting them to attend they activity join in too rather just watch
- More community support for people to attend exercise opportunities, including participation and not just accompanying
- Support and training provided to local sports/activity groups and leisure facilities to be more welcoming and accessible to people with mental health difficulties and these services to be publicised. Active for Life service users have fed back that there are barriers to attending mainstream leisure centres and sports clubs, including:
    - unfriendly, impatient or disrespectful staff
    - high prices
    - poor physical access
    - classes/activities running at unsuitable times
    - physical activity built into care plans of all patients in secondary care

Where are the services and how they can be accessed?

Organisations that will be able to provide up to date information about where local activities and groups are held and suitable for service users with specific needs can be found in the supporting information document accompanying this strategy.

What are the benefits?

- There is plenty of research which supports the theory that people with good physical health have good mental health, and vice versa
- Improved physical health and reduction of diseases associated with poor lifestyle
- Good physical wellbeing and participation in exercise has an impact on mental health and wellbeing

- By participating in community activities, people with mental health difficulties are better integrated into the community.

Evidence of good practice

- Crossroads delivering a choice of weekly exercise sessions for its members
- Syrena accessing a weekly community walking group with their service users
- Healthy eating and exercise built into Mind's 'Surviving Depression' workshop

Domain 8: Treatment, Therapies and Alternatives

A wide choice of interventions (treatments, therapies, tools) needs to be developed and practiced by all providers within the recovery and whole life approach.

There has been a revolution over the last two decades in our understanding of what promotes recovery from mental illness. This evidence comes from various sources, from many different cultures, involves both health and social care perspectives and is based on various methodologies. This includes the individual testimony of service users and families, practice based evidence as well as the results of more scientific randomised controlled trials. Research and clinical best practice points to several key areas underpinning contemporary ways of providing effective care and interventions. Including

- Care and interventions should be provided closer to the individual's home in normal settings chosen by the person themselves
- Services must be accessible and available when and where the person needs it, that is, on a 24 hour/7 day a week basis.
- Detection and intervention must happen at an earlier stage in the development of the illness.
- Care and interventions must be person centered and based on individual need and the user must be given a wide range of choice
- Increased access to individual of talking or psychological therapies, such as CBT
- Access to family interventions and support, such as psycho-educational and behavioral approaches to family support
- Effective recovery oriented Care Coordination in the context of Multi-disciplinary Team Work, which promotes access to effective services, continuity and co-ordination
- Greater promotion of client self-management and peer support approaches
- Integration of effective vocational interventions into everyday practice to support greater employment opportunities
- Improved access to effective modern medications
- Users need to be listened to and to be a partner in the therapeutic programme

It is acknowledged that there are many treatments and therapies that are proved effective for most mental illnesses. These should be introduced as routines in the daily practice of professionals to maximise the best outcomes for service users. Users should be given a choice and be able to access the most appropriate treatment and therapy to meet their need.

The Recovery Process ICRA [7]

It is also important to change the way that the therapeutic process is undertaken with an emphasis on a recovery pathway and changing the language used.

It is essential to build a trusting relationship between the user and practitioner.

The therapeutic program experienced by users in one part of the service must be the same in all parts of the service.

The Recovery process is outlined below:

1) Knowing the Person (Assessment)

- Building a relationship, time and space
- Personal life story, able and comfortable to tell own story
- Personal approach, start of a recovery journey, guiding the user on their journey
- Self determination and hope, taking responsibility, to regain responsibility for recovery journey
- Belief that the person can recover; self belief
- Common attainable goals, joint ownership
- What does diagnosis really mean? Difference with/without labels, we need no labels in preventing stigma and discrimination
- What hinders and what fosters recovery in services; organisations?
- The user is the expert, not scared of own emotions, able to deal with emotions
- Trusting relationship, mutual understanding, mutual agreement
- To find personal strengths and resources for recovery
- What makes you survive; resources, allies?
- Structure and summarise the conversation and jointly put it on paper or whiteboard
- Collaborative diagnosis, negotiate about it, mutual agreement
- What the psychiatrist can contribute to the recovery journey, pro's and con's, easy access, further information, discussion about responsibility of psychiatrist and user

2) Recovery Plan (Treatment Plan)

- Giving and sharing knowledge and information of best evidence in recovery practice and resources, tools and instruments
- Whole life in all respects, where do you want to be? Hopes and dreams
- Self determination to start a recovery journey as key aspect
- Involving friends and families, their roles and responsibilities
- Choice of treatments/clinical interventions. Giving knowledge
- Local whole life resources available, art and culture, sport and leisure, occupation, employment, volunteering, housing, learning and education, welfare benefits advice
- Self help opportunities, groups, clubs
- Giving and sharing hope by psychiatrist
- Physical health checks
- Healthy life style plan
- Psycho-educational opportunities

= ***Formulation of recovery plan jointly with user and key worker***

3) Celebrating progress and joint ownership of solving setbacks (Review)

- Celebrating progress and identifying steps taken in the recovery journey
- Redefining some goals if necessary, who can help?
- Relapse prevention strategy

- Understanding the self
- Providing more alternatives and choice

= ***Sharing hope again***

4) Revised Recovery Plan (Revised Treatment Plan)

- Focus on success and strengths
- Joint ownership and responsibility

= ***Continued hopes and dreams***

Recommendations

- There needs to be an assessment of each user's experience of the type of intervention they have had and their benefit
- A training program needs to be devised for each professional on the recovery process outlined above
- There needs to be a training plan for each professional to maximise the range of interventions available to service users
- The organisations need to develop a culture of a community of recovery
- Family members also need training in recovery approaches
- Development of well being and psycho-educational programs
- The Third Sector to be involved in providing a range of alternative life skills and psycho educational interventions

9. Mental Health Services

Whilst it is relatively easy to get information on specialist mental health services, those provided by the voluntary, community and private sectors are more difficult. The recent Adult Mental Health Needs Assessment[6] for Plymouth identified 238 mental health and well-being services in Plymouth although it is recognised that this is by no means a comprehensive list.

- 61% were targeted community based services
- Approximately 25% are universal
- 12% cover specialist services

Of these services:

- 24% provided information, advice and practical support
- 10% cited access, assessment and treatment as their primary function
- 15% had a primary focus on providing emotional/practical support and counselling across the full spectrum of mental health problems to vulnerable groups at risk of mental ill health
- 17% of all services and resources focus on meaningful occupation (including education, training and volunteering), employment and employment related support
- 15% focus on needs and support in relation to accommodation

The Primary Care Trust (PCT) and Plymouth City Council (PCC) investment in adult mental health services in 2010/2011 was 79% and 19% respectively. The total combined PCT and PCC investment was £35,939,000 (including out of area investments). 30% of this investment was in non-statutory providers (including out of area investments) and 55% on in-house PCC and PCT provision. 21% of the total investment was on out of area placements.

Just under a quarter of adult service investment is on secure and high dependency, with 15%, 14% and 9% on accommodation, clinical and access and crisis services.

There is little investment in mental health promotion services.

9.1 Specialist Services

Plymouth Community Healthcare (PCH) provide the majority of statutory mental health services within Plymouth currently. These include acute inpatient care, a Low Secure Unit at Lee Mill, locality based Community Mental Health Teams (including a specialist asylum seeker and refugee service), an Assertive Outreach Service, Home Treatment Service and three Recovery inpatient units. As well as this PCH provides a specialist Community Forensic Team, a Primary Care Mental Health service and locality facing old age mental health teams, including a memory service and two inpatient units – one specialising in functional disorders and the other in dementia related diagnoses.

PCH have proposed some radical plans to re-design their services. These plans include the development of Psychiatric Liaison with the Acute Trust, specialist Eating Disorder services, treatments for individuals with a diagnosis of Personality Disorder and the re-design of the acute care pathway. Gaps in services are being supported through the development of alternatives to hospital admission and the building of partnerships with housing providers. This will be funded through the closure of a Recovery unit, the development of community alternatives and more efficient models of care.

9.2 Acute and Crisis Health – Whole Service System – Alternative to in-patients services

Building on the objective of re-designing the acute care pathway experience has shown the following can provide a recovery oriented approach and provide service users with a more meaningful and beneficial experience.

The key principles in defining a whole systems approach to respond to a critical time in a person's life (before or during a crisis) are:

- recognition of a dramatic emotional or circumstantial upheaval in a person's life that should lead to recovery and not a path of deterioration
- a critical time for reflection and positive growth, self determination – not a time for continuing pathways of hopelessness and/or maintenance
- a time for change for the person to look at their life as a whole not just their mental health problem
- the causes of a crisis need different solutions from various sources, financial difficulties, physical health, work stress, environmental factors, family problems, etc.
- the contact and relationship formed between the user and professional in one part of the service should be the same trusting therapeutic relationship in all parts of the service system

These principles are difficult to realise if there is an incomplete whole service system in its design, approach and operation.

System thinking is a discipline for seeing ***wholes*** not ***holes.*** It is an essential framework in developing inter dependence and interrelationships rather than static and separate parts.
The common purpose of the whole should embrace all the principles of whole life and recovery and the parts of the system must be sensitive to their contribution in achieving the overall purpose.

They should actively promote recovery, self determination and growth for the individual by benefiting from both the mental health whole systems service and a community's natural resources and contributions to form a community whole life-whole system.

9.3 Community based alternatives to in-patient hospital care

Research has shown that hospital care is not always necessary or helpful to people experiencing an acute crisis. Two recent reports: "Listening to Experience"[20] an independent report by Mind on acute and crisis care and "The Abandoned Illness"[21] by the Schizophrenia Commission highlight the inadequacy of acute in-patient units and the need to develop alternatives in the community.

The experience for users in acute in-patient units is sometimes not a positive or therapeutic experience and very often does not give the user the time or space to reflect on what is happening to them in their life as a whole.

Many people have repeatedly asked for community based, small scale, personal, less restrictive, therapeutic alternatives.

At the moment as a result of implementing the National Service Framework some people are able to manage their crisis in community mental health teams and/or home treatment teams.

However, many more are still being admitted to acute units and far too many as readmissions and under compulsory admission.

For these this cycle of hopelessness and maintenance needs to be broken if recovery for the person is going to be a reality.

Over the last few years some places around the world have designed and started to implement community alternatives that look far more encouraging as good models that can offer new hope to users.

The range of these alternatives include:

1. Crisis Resolution Teams (Home Treatment Teams)

These should provide 24 hours, 7 days a week, alternative home based treatment and support for intensive intervention as long as there is a need for the management of the crisis at home to prevent admission

2. Crisis Recovery Houses

These have been developed as a more homely, small scale residential alternative to hospital care. In some places these have been provided for specific groups, women, minority ethnic groups, etc.

3. Crisis Respite Service

These are informal non-residential short term alternatives. They have been provided in hotels, guest houses or supported accommodation. They are usually managed and supported by community mental health centre staff.

4. User Run Crisis Recovery Houses

These are also referred to as peer–run crisis houses. They have a strong recovery and natural self help ethos. They are managed and run mainly by service users.

They provide many alternative coping strategies for self determination, massage, counselling, skills training, meditation, reinforcing responsibility, etc. They reach out to encompass the natural resources of a community.

5. Host Families

These are based on the experience of adult fostering schemes but take this forward to provide a family support structure for individuals during their acute crisis. Sometimes they are also used to place people in order to prevent a crisis.

Users record a very positive experience from these and they are highly valued by the host family and mental health professionals. http://www.hertspartsft.nhs.uk/

6. 24hr Community Mental Health Centre with acute beds

This model combines the functions of a Community Mental Health Centre/Home Treatment Service and acute/respite beds in one non-hospital setting.
http://www.triestesalutementale.it/english/mhd_department.htm

It has been found to be successful in providing continuity of care, improved outcomes and user satisfaction, ensuring responsibility to a specific community for the holistic care of individuals and much preferred by users and carers as well as integrated with and highly regarded by local people.

7. Telephone helplines

Telephone help lines have been shown to provide essential support to people who are experiencing a dramatic or traumatic experience in their lives.

Some of these are provided by the third sector and others are part of community mental health services.

8. Other interventions

Some places have developed initiatives that users have found useful, such as:

- Advance treatment/care directives. Users express and record their views and wishes on treatment they do not wish to receive when they are in a crisis

- User crisis card/joint crisis cards. These are on cards formally written, and agreed wishes of a user themselves or between a user and professional. They can be kept on the person and presented to any service when necessary
- Relapse signature. Using a person centred plan for the user and friends and family to recognise the unique circumstances of the triggers of a relapse and how to prevent it

9. Specific models

In some countries in the world some models have been developed by individuals. Some of these have been replicated in other countries.

Soteria Recovery Houses

These were founded by Loren Mosher in the USA based on providing small scale therapeutic, humane, recovery support for people experiencing an acute psychosis.

They have also been developed in Alaska, Switzerland, Germany, Sweden, Budapest and Denmark. http://www.soterianetwork.org.uk

Cedar House

This was established in Boulder, Colorado. It is an alternative to hospital care and runs as a therapeutic community giving responsibility to the "guests" whose stay is no longer than 10-15 days.

Research into these alternatives has shown similar or better outcomes for service users including improved satisfaction. They have also demonstrated reduced admissions and readmission rates. http://www.colaradorecovery.com

Strategic Direction in Plymouth

Some of these alternatives should be considered to be developed to form a whole system approach in acute and crisis services. Experience and research has shown that adopting some of these can improve people's mental health and recovery and reduce significantly the need for expensive hospital beds and in some places do without them completely.

10. Integration of Mental Health into Primary Healthcare

It is universally recognised that the majority of people with mental health problems seek support and treatment in the first instance through primary care services. It has been shown that it is possible and indeed often more desirable, for the mental health needs of the majority of people to be met through primary care.

The advantages of this have been shown to be:

- better geographical accessibility
- less stigmatisation of people with mental disorders by managing mental disorders like other illnesses
- improving screening, detection and treatment rates of mental health problems

- a more efficient use of health service resources – cost-efficiency savings due to shared infrastructure
- a more holistic approach and enhanced quality of patient care.
- better management of the physical health needs of those with mental illness – including better adherence and clinical outcomes for a range of co-morbid disorders such as diabetes and heart disease.
- more appropriate referrals

A well developed primary care mental health service should be able, with support from specialist mental health services, to provide some psychological interventions and manage the use of a range of psychotropic medication. The use of telephone consultations between primary health care clinicians and specialist mental health services are beneficial. Existing communications should be continued, reinforced and enhanced between primary and secondary care.

In order to do this, it is essential that primary care teams have effective training, communication, links and support from specialist mental health services.

One universally recognised way of doing this is the introduction of a stepped care approach in primary health care. Chatterjee [22]

Integration of mental health into primary health care requires a strategic and systematic approach. The WHO report, ”Integrating Mental Health into Primary Care: A Global Perspective”[23] is a useful reference for this. Please see the supporting information document accompanying this strategy.

11. The Way Forward

The Plymouth Mental Health Network in partnership with health and social care should set up an implementation working group to develop an annual 5 year action plan and drive implementation of this Whole Life-Whole Systems Strategy. It is important that this group should provide a holistic overview and umbrella to ensure the integrity of the Whole System.

Each organisation should develop its particular implementation plan in keeping with the whole system. This should include ways in which components of the strategy implementation plan can be funded over the next five years.

12.Recommendations

This strategy has highlighted the following priorities for actions from both the process that was undertaken and gaps identified:

1. To review the holistic needs of current service users against the principles of a Whole Life Recovery approach

2. The need for a concerted and coordinated training program to implement recovery principles and practice in all organisations

3. To improve access to art and culture activities by a multiagency coordinated approach and mechanism

4. To improve the recognition by service organisations that the faith communities play an important part of the support network for users

5. To address the needs of users to improve the availability of the range and choice of accommodation with effective supports

6. To review the current range of treatment, therapies and other recovery based interventions to ensure that more choice is available

7. To improve access for users to benefit from existing training and education resources and educational facilities. To create new educational opportunities in main stream education to better meet the needs and circumstances of users

8. To ensure staff have access to education and opportunities for skills development

9. To improve the range of meaningful occupation and employment opportunities for service users. To develop social firms, social cooperatives[20]

10. To recognise, promote and develop the importance of self help groups

11. To recognise and develop more support for family and friends

12. To promote a wellbeing, healthy lifestyles and physical health strategy

13. To explore community alternatives to acute hospital based in-patient units

14. To introduce a strategic approach to integration of mental health and primary care services

15. To support and develop opportunities for improved social networks for users and carers

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APPENDICES

Appendix 1 **Reference Group and Working Group Membership**

Appendix 2 **Useful Information**

APPENDIX 1

Reference Group Membership

Sharon Claridge	Plymouth and District MIND
Ashley Daw	PIPS
Andrew Eascott	Independent Futures
Mary Embleton	GP
Sarah Goode	Plymouth Vineyard
Jane Guy	CAB
John Jenkins	IMHCN
Sarah Lees (Lawson)	Public Health
Simon Love	Cerebral Health
Craig McArdle	Plymouth City Council
David McAuley	Plymouth Community Healthcare CIC
Kevin McKenzie	Plymouth City Council
Larissa Milden	Active For Life
Andrew Montgomery	Consultant Psychiatrist
Ruth Oliver	PIPS
Nick Pennell	Plymouth and District MIND
Pam Pinder	Carer Support Organisation
Kathryn Shorten	Plymouth City Council
Lucy Stapleton	JobCentre Plus
Gavin Thistlethwaite	Plymouth PCT Commissioner

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APPENDIX 2

Useful information

www.plymouthmentalhealth.org.uk can also provide up to date information about other support services which can benefit physical health for mental health service users.

http://www.pcfcd.co.uk/page/plymouth-faith-action-audit.aspx for information on the faith audit.

The NHS Health Resource Centre provides free leaflets and information about a wide range of health issues.

Physical health advocacy

Where: Plymouth Guild, Ernest English House, Buckwell Street, Plymouth, PL1 2DA
Phone: 01752 201766
Email: garry@plymouthguild.org.uk
Website: www.plymouthguild.org.uk/advocacy/physical-advocacy

Physical Activity and Exercise

These organisations can provide Information about up to date exercise opportunities e.g. walking, swimming, gardening, keep fit classes, Boccia, etc.

Where: Active for Life, Plymouth Guild, Ernest English House, Buckwell Street, Plymouth, PL1 2DA
Phone: 01752 201766
Email: active@plymouthguild.org.uk
Website: www.plymouthguild.org.uk/active-for-life

Where: Plymouth Sports Development Unit
Phone: 01752 307008
Email: sportsdevelopment@plymouth.gov.uk
Website: http://www.plymouth.gov.uk/sport

Where: Plymouth Public Health Development Unit
Phone: 01752 431638
Email: dean.blagdon@nhs.net