Mental Health (Adults and Older People)

Introduction

This chapter focuses on working age adults and older people's mental health

Mental health and Wellbeing is everyone's business and good mental health and resilience are fundamental to our physical health, relationships, education, training, work and to achieving our potential.

The government produced the document 'No health without mental health' in 2011. This strategy took a life course approach, recognising that the foundations for lifelong wellbeing should begin to be laid down before birth, and that there is much we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age. Only a sustained approach across the life course will equip us to meet the social, economic and environmental challenges we face and deliver the short- and long-term benefits we need. 'No health without mental health' set out six objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

It is paramount that Parity of esteem is understood when discussing Mental Health Services. it is simply the aim that services for the treatment of mental health conditions are on a par in terms of access, investment profile and quality as physical health:

- Mental illnesses are very common yet only a quarter of those with mental illness are in treatment. In Bedfordshire it is estimated that only around 10% of people with mental illness access treatment or support.
- Among people under 65, nearly half of all ill health is mental illness. Within the CCG budget we spend approximately 15% of the budget on mental health services.
- Mental illness is generally more debilitating than most chronic physical conditions and imposes a total economic and social cost of over £105bn a year.
- People with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health. There is very little mental health support to people experiencing significant illness (such as Cancer) or for patients with Long Term Conditions. Evidence suggests that access to psychological therapies increases the likelihood that patients will manage their own health.

Progress from 2014/2015

The Annual Director of Public Health (DPH) 2014 report focused on Mental Health and Wellbeing, which formed the 2013/2014 JSNA chapter. The recommendations from this report include:

1. Improve the physical health of those with mental health illness by ensuring good access to healthy lifestyle support.
2. Support employers to participate in Workplace Health initiatives and to signpost to relevant resources.

3. Increase understanding of mental health and wellbeing and reduce stigma of mental ill health

The recommendations made here have been highlighted because they will reduce inequalities, have the potential for widespread impact and are achievable. Promoting mental health and wellbeing in the workplace would impact on a large number of people and could prevent illness which would decrease sickness absence. There is a stigma attached to mental health which has negative impacts on the person in terms of mental wellbeing and reduces the likelihood that people will seek help early.

Bedfordshire Clinical Commissioning Group (BCCG) included prevention into the new contract with East London Foundation Trust (ELFT) to promote the link between mental and physical health. In order to implement these recommendations a multidisciplinary wellbeing forum was launched by Public Health in May 2015, a communication strategy was implemented with representation from each organisation to promote the five ways to wellbeing campaign. The main aims of the campaign were to:

- Raise awareness of the importance of the mental health and wellbeing to our communities and how small lifestyle changes can have a big impact upon living well for longer
- To encourage local residents to take part in the campaign and try something new, resulting in a shift in behaviour towards improved wellbeing
- To support residents who need specific help to seek advice and support from appropriate support organisations

BCCG introduced self-help guides online with resources and links for various mental health conditions. The online tool is a set of 23 guides which are evidence based, written by clinicians and designed for members of the general public.

Public health offered Mental Health Lite training to around 150 frontline staff members across Bedfordshire. ELFT offered taster mindfulness sessions for interested staff across CCG and BBC.

The management group within Bedford Borough Council has agreed to promote workplace wellbeing to all employees and recommended setting up a ‘Wellbeing’ Group, which would consist of Wellbeing Champions drawn from across the Council to promote wellbeing in the workplace. This group will:

- Help to develop wellbeing initiatives and promote wellbeing across the organisation and will be supported by colleagues in Public Health, HR, Occupational Health and the Policy Partnerships Manager as required.
- The Wellbeing Group (with the support of Occupational Health and Public Health) promote the Public Health ‘Five Ways to Wellbeing Campaign’.
- Wellbeing Champions act as an informal ‘first point of contact’ regarding bullying and harassment issues, sign-posting colleagues to support available.
- Questions around workplace wellbeing are being included in the next Staff Survey in 2016, to reflect the wellbeing questions included in the ONS survey, in order to benchmark results against external organisations and the general population.

- The management Team will support wellbeing initiatives within their own Directorate and across the Council and will enable wellbeing activities to take place.

What do we know?

At least one in four people (approximately 40,000 people in Bedford Borough) will experience a mental health problem at some point in their life and around half of people with lifetime mental health problems experience their first symptoms by the age of 14. By promoting good mental health and intervening early we can help prevent mental illness from developing and reduce its effects when it does.

People with mental health disorder have poorer physical health and often are subject to discrimination and stigma. Males with mental illness die on average 16 years earlier and women with mental illnesses die 12 years earlier than those without mental illness.

Mental illness in adults can be classified through common mental disorders (anxiety, depression, obsessional compulsive disorder), personality disorders, psychoses, eating disorders (including anorexia nervosa and bulimia) or disorders related to substance misuse (alcohol and drugs).

Impacts of Mental disorder during **adulthood**:
• Higher unemployment
• Higher rate of debt problems
• Higher risk of homelessness
• Higher smoking prevalence
• Increased risk of physical health problems especially heart disease and cancer
• Reduced life expectancy of 16 years for men and 12 years for women.

Table 1 shows the predicted number of the population who may be affected by mental health disorders from 2014-2030. People aged 18-64 predicted to have a common mental health disorder is estimated to increase from 15,880 in 2014 to 17,288 in 2030, this shows an increase of 1,400 adults. These increases have been projected based on change in population only. Table 2 shows the predicted number of common mental health disorders in males and females from 2014-2030; there is an increase of 600 males and 808 females.

Table 1: People aged 18-64 predicted to have a mental health problem, by gender, projected to 2030

Mental health - all people	2014	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	15,880	16,009	16,542	16,916	17,288
People aged 18-64 predicted to have a borderline personality disorder	445	448	463	473	484
People aged 18-64 predicted to have an antisocial personality disorder	340	343	356	364	373
People aged 18-64 predicted to have psychotic disorder	395	398	411	420	430
People aged 18-64 predicted to have two or more psychiatric disorders	7,082	7,140	7,383	7,549	7,721

Source: www.pansi.org.uk The prevalence rates have been applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have a mental health problem, projected to 2030 (accessed on 19th October 2016)

Table 2: People aged 18-64 predicted to have a mental health problem, by gender, projected to 2030

People aged 18-64 predicted to have a mental health problem, by gender, projected to 2031	2014	2015	2020	2025	2030
Males aged 18-64 predicted to have a common mental disorder	6,050	6,100	6,338	6,475	6,650
Males aged 18-64 predicted to have a borderline personality disorder	145	146	152	155	160
Males aged 18-64 predicted to have an antisocial personality disorder	290	293	304	311	319
Males aged 18-64 predicted to have psychotic disorder	145	146	152	155	160
Males aged 18-64 predicted to have two or more psychiatric disorders	3,340	3,367	3,498	3,574	3,671
Females aged 18-64 predicted to have a common mental disorder	9,830	9,909	10,205	10,441	10,638
Females aged 18-64 predicted to have a borderline personality disorder	299	302	311	318	324
Females aged 18-64 predicted to have an antisocial personality disorder	50	50	52	53	54
Females aged 18-64 predicted to have psychotic disorder	250	252	259	265	270
Females aged 18-64 predicted to have two or more psychiatric disorders	3,743	3,773	3,885	3,975	4,050

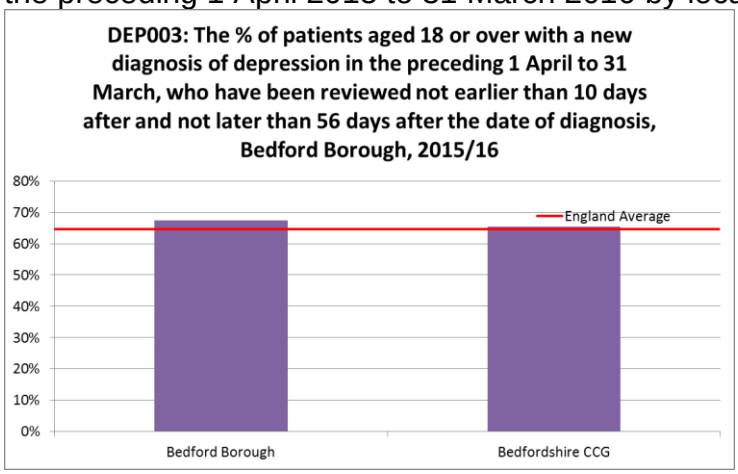
Source: www.pansi.org.uk The prevalence rates have been applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have a mental health problem, projected to 2030 (Accessed on 2nd November 2016)

As the population of Bedford Borough is predicted to increase by 2030, the absolute number of common mental health disorders is expected to increase.

Facts, Figures, Trends

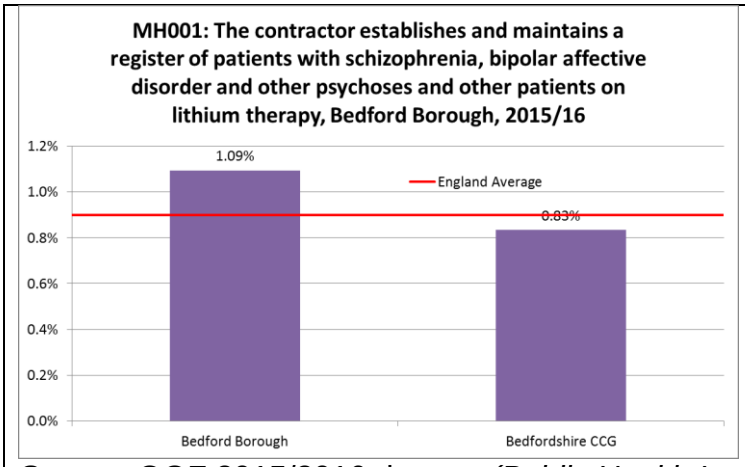
The Quality and Outcomes Framework (QOF) performance data shows recorded number of new diagnosis for depression and those with schizophrenia, bipolar affective and other psychoses. Figure 1 shows the number of patients in Bedford Borough who have been diagnosed with a new diagnosis of depression, the number of diagnosed cases is higher than the England average, the diagnosis rate for Bedford Borough is 67.4% and the average for BCCG is 65.4%.

Figure 1: The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April 2015 to 31 March 2016 by locality, LA and BCCG



Source: QOF 2015/2016 dataset *(Public Health Intelligence Team, November 2016)*

Figure 2: Registered patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy 2015/2016



Source: QOF 2015/2016 dataset *(Public Health Intelligence Team, November 2016)*

Figure 2 shows that the number of registered patients with schizophrenia, bipolar affective disorder and other psychoses in Bedford Borough is higher than the England and BCCG average.

Suicide Update 2015/16

Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. Suicide is one of the top twenty leading causes of death for all ages, constituting more than one million deaths per year worldwide. Men are still three times more likely to commit suicide than women. In the UK, there has been an overall decline in suicides. The highest suicide rate is in men aged 30 to 44 and, in women it is the 45 to 59 age group.

The national ONS data on suicide shows 4,513 suicide deaths in 2012, very close to the number in 2011 (4,518). The latest statistics also show that:

- The rate of deaths from suicide and undetermined intent was 8.0 per 100,000 populations in 2010-2012. After 1998-2000 the general trend was a decrease in the overall rate of suicide. However, this has tailed off in recent years with a small rise in rates in the last four years.
- Suicide continues to be more than three times as common in males (12.4 per 100,000 for males in 2010-12, compared to 3.7 for females).
- The numbers and rates of suicide and undetermined deaths vary between age groups, with rates among males highest for those aged 35-34 years and among females, highest for those aged 40-59 years.
- Hanging, strangulation and suffocation account for the largest number of suicides in males, 60%. In females hanging and drug related poisoning are the joint most frequent method, 38%.
- The most recent National Confidential Inquiry into Suicide and Homicide annual report (July 2013) shows a rise in overall patient suicide, probably reflecting the rise in suicide in the general population, which has been attributed to recent/current economic contexts. In-patient suicide continues to fall. There are twice as many suicides under crisis resolution/home treatment compared to in-patients.
- There was a rapid rise in the number of deaths caused by helium poisoning, almost all of which are likely to be caused by suicide, as the use of inert gases as a suicide method has received some public exposure. In 2000 there were no recorded deaths from helium; however since 2007 there has been a steady rise, with 51 deaths in England due to helium recorded in 2012.

In Bedford Borough, there were 6 suicides/open verdicts in Bedford Borough in 2015-2016 of these 5 individuals were 'White British' and 1 'White Other'. Hanging is the most common method of suicide in Bedfordshire; this is in line with national trend. The issues impacting on the suicide victims at time of death in Bedfordshire include: history of depression, stress, alcohol problems, break up of relationships, physical health problems, self-harm and mental health issues.

The trend in incidences of suicide is moving in a downward direction, from a recorded peak of 33 across Bedfordshire, (17 in Bedford Borough) in 2011-12, to less than half that figure during past 2 years across Bedfordshire. The trend in incidences of suicide is moving in a downward direction, Bedford Borough levels reached a peak in 2011, but the number of suicides are reducing year on year.

Men were more likely than women to take their own life. Understanding and addressing the factors associated with suicide in men, or working to limit their negative impact, will help to reduce population suicide risks. Key factors include:

- Depression, especially when it is unrecognised and undiagnosed,
- Alcohol and/or drug misuse,
- Unemployment,
- Family and or relationship problems.

GPs can make huge difference to overall suicide rates, by identifying depression early and responding to it early, using evidence-based treatment. Community outreach programmes in traditionally male environments can also improve engagement with men in relation to suicide prevention.

Alcohol and Substance misuse

Evidence shows that those with a substance misuse problem or alcohol dependant could potentially be suffering from a mental health problem, for further information please refer to [add link to chapter]

Mental Health in Older People

The range of mental health problems experienced later in life varies. Whist tackling dementia in older people is a major challenge; other mental health issues are also a cause for concern. [Link to dementia chapter].

The three main mental disorders for which older people are admitted to the acute hospital are delirium, dementia and depression.

Older people are at risk of being overlooked despite having a higher risk of depression due to the widespread belief that mental health problems are an inevitable part of growing older and therefore nothing can be done. Table 3 shows the predicted increase in older people aged 65 and over, from 2014 to 2030, there is a prediction of an additional 12,600 people.

Table 3: Population aged 65 and over, projected to 2030 in Bedford Borough

	2014	2015	2020	2025	2030
People aged 65-69	8,600	8,800	8,200	9,200	10,600
People aged 70-74	6,100	6,400	8,300	7,700	8,700
People aged 75-79	5,200	5,100	5,800	7,600	7,100
People aged 80-84	4,000	4,100	4,400	5,100	6,700
People aged 85-89	2,500	2,600	3,100	3,400	4,100
People aged 90 and over	1,400	1,500	1,900	2,500	3,200
Total population 65 and over	**27,800**	**28,500**	**31,700**	**35,500**	**40,400**

Source: www.poppi.org.uk Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 29 May 2014, are full 2012-based and project forward the population from 2012 to 2037.

Table 4: People aged 65 and over predicted to have depression, by age and gender, projected to 2030

	2014	2015	2020	2025	2030
Males aged 65-69 predicted to have depression	244	255	232	261	302
Males aged 70-74 predicted to have depression	207	214	276	262	297
Males aged 75-79 predicted to have depression	142	142	159	212	201
Males aged 80-84 predicted to have depression	165	165	194	223	301
Males aged 85 and over predicted to have depression	71	77	92	122	153
Total Males aged 65 and over predicted to have depression	**829**	**852**	**953**	**1,081**	**1,253**
Females aged 65-69 predicted to have depression	469	480	458	512	589
Females aged 70-74 predicted to have depression	304	314	399	380	428
Females aged 75-79 predicted to have depression	300	289	332	417	396
Females aged 80-84 predicted to have depression	212	221	221	258	331
Females aged 85 and over predicted to have depression	278	289	344	400	477
Total Females aged 65 and over predicted to have depression	**1,561**	**1,591**	**1,753**	**1,967**	**2,221**

Source: www.poppi.org.uk Figures are taken from McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787-1795. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have depression, to 2030.

Table 4 shows that 1,252 men aged 65 and over are predicted to suffer from depression by 2030; this is an increase of 423 from 2014. The total number of predicted women who may suffer from depression by 2030 is 660 women. Table 5 also shows a predicted increase by 2030 for those suffering from severe depression, the total increase from 2014 to 2030 is a total of 371 adults over the age of 65.

Table 5: People aged 65 and over predicted to have severe depression, by age, projected to 2030

	2014	2015	2020	2025	2030
People aged 65-69 predicted to have severe depression	215	220	205	230	265
People aged 70-74 predicted to have severe depression	98	102	133	123	139
People aged 75-79 predicted to have severe depression	182	179	203	266	249
People aged 80-84 predicted to have severe depression	120	123	132	153	201
People aged 85 and over predicted to have severe depression	152	160	195	230	285
Total population aged 65 and over predicted to have severe depression	**767**	**784**	**868**	**1,002**	**1,138**

Source: www.poppi.org.uk Figures are taken from McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787-1795. The prevalence rates have been applied to ONS population

projections of the 65 and over population to give estimated numbers predicted to have severe depression, to 2030.

Today in the United Kingdom:

1. One in four older people living in the community has symptoms of depression which are severe enough to warrant a diagnosis of depression
2. Only a third of older people with depression ever discuss it with their GP and only half of these are diagnosed and treated, usually with anti-depressants
3. Depression is the leading risk factor for suicide. Older men and women have some of the highest suicide rates of all ages in the UK

Older people are often at risk of depression due to:

- Increase in physical health problems
- Chronic pain
- Side effects of medication – certain drugs prescribed for various medical conditions have been found to cause depression.
- Anticholinergics used to relieve cramps of the stomach
- Cogentin used to treat symptoms of Parkinson's disease
- Corticosteroids used to decrease inflammation
- Capoten used to treat high blood pressure
- Tagamet used to prevent and treat ulcers, heartburn and indigestion.
- Losses – relationships, mobility, work and income
- Social isolation
- Changes in living arrangements
- Admission to hospital - Being in hospital is often linked with memories associated with the death of family members or friends and in addition independence is often lost, even if for a short time. This emotion may be expressed as anger or withdrawal and it is essential that the staff have the skills to interpret this behaviour and offer methods to cope.

<u>Current Activity and Services</u>

The new Mental Health Service adopted a Stepped Care Model approach, BCCG focused on setting up Mental Health Services into separate Lots, national guidance shows that designing a stepped care approach would organise the provision of services and to help people with common mental health disorders, their families, carers and healthcare professionals to choose the most effective interventions.

Bedfordshire Mental Health and Wellbeing Service provide mental health services across Bedford Borough. East London Foundation Trust is commissioned by Bedfordshire Clinical Commissioning Group to provide the following services:

- Improving Access to Psychological Services, also called IAPT.
- Adult, older adult mental health and learning disability services
- Adult rehabilitation and recovery services
- Child and Adolescent Mental Health Services.

<u>Prevention</u>

By promoting good mental health and intervening early across the life course we can help prevent mental illness from developing and reduce its effects when it does. In addition to making changes as a society to promote mental health and wellbeing:

The Five Ways to Wellbeing campaign is an evidence-based initiative that has been implemented locally, the campaign focuses on:
• Keep learning. Learning new skills can give you a sense of achievement and a new confidence.
• Be active. Find the activity that you enjoy, and make it a part of your life.
• Connect to those around you and build positive relationships with family, friends, colleagues and neighbours
• Give to others. Even the smallest act can count whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.
• Take notice. Be more aware of the present moment, including your feelings and thoughts, your body and the world around you. Some people call this awareness "mindfulness", and it can positively change the way you feel about life and how you approach challenges.

Steps 1-3 Stepped Care Approach

The services that will be provided in Steps 1-3 include;
- More people completing treatment will experience improved wellbeing and social functioning.
- Single Point of Access and Triage
- IAPT – (GP based counsellors/IAPT services are valued within Bedfordshire and this model will continue to support the presence of these practitioners in each locality, within GP practices wherever reasonably possible to do so.)
- Counselling
- Primary Care Liaison

Single Point of Access and Triage:
The Single Point of Access and Triage service will determine and prioritise access to treatments, based on the severity of their condition.

The Key outcomes of this Lot are:
- More people completing treatment will experience improved wellbeing and social functioning.
- More people will be treated closer to own home within the primary care setting.
- Individuals will be at the centre of their care and treatment and be treated holistically.
- More people with common mental health problems will be supported in a primary care setting.
- 100% of people will be screened and assessed to psychological therapies with 10 working days of the receipt of referral.
- More group-based peer support (self-help) programmes for people with mild to moderate depression.

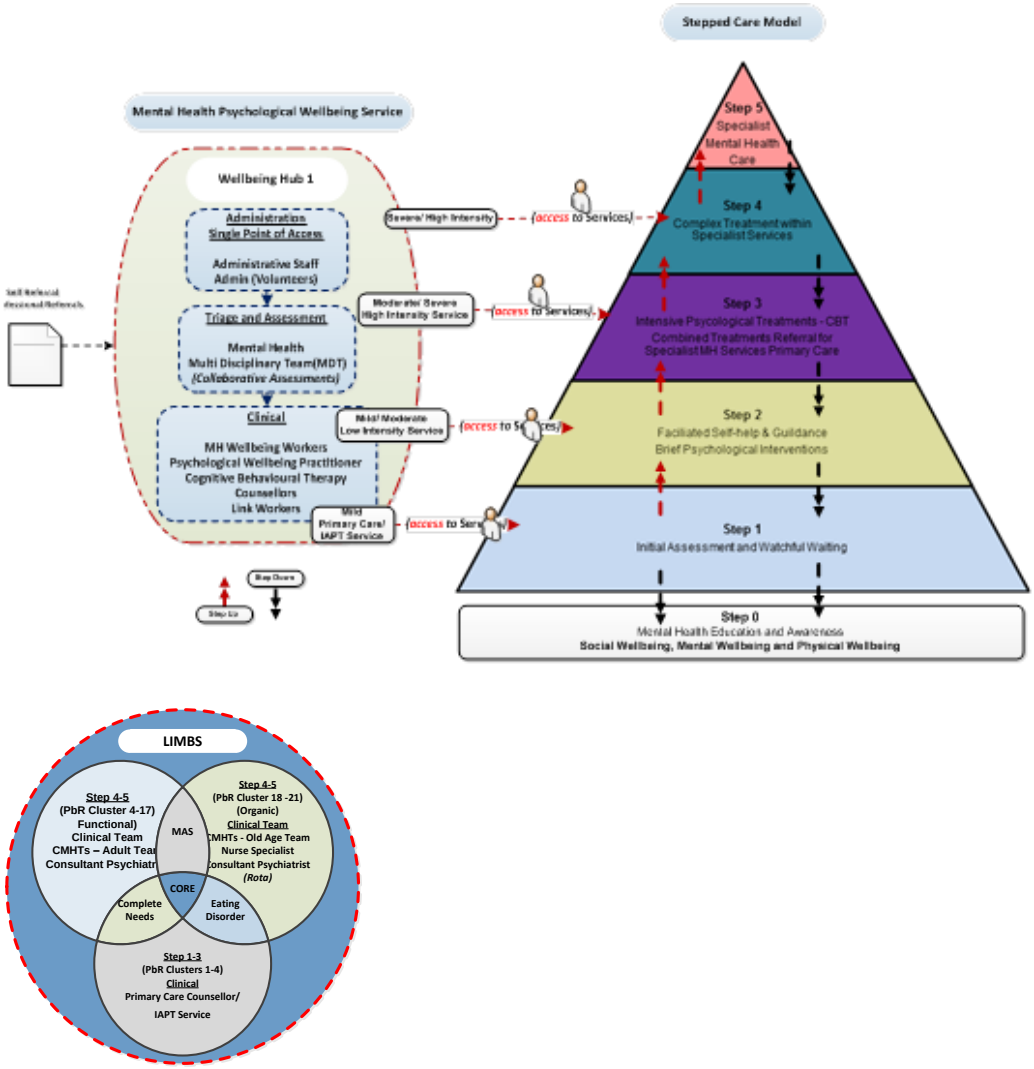
Table 6: Steps 1-3 for Mental Health Services in Bedfordshire

Step Care	Assessment	Intervention
Step 3: High Intensity Service	• Depression - Mild Moderate & Severe • Depression - Mild Moderate • Panic Disorder • (GAD) Generalised Anxiety Disorder - • Mild/ Moderate • Social Phobia • Post-Traumatic Stress Disorder (PTSD) • Obsessive Compulsive Disorder (OCD)	• Counselling for depression (CfD) • Couples Counselling for depression (CCfD) • Interpersonal Psychotherapy (IPT) • Dynamic Interpersonal Therapy, (DIT) • CBT, Behavioural Activation • Counselling Couples Therapy • CBT • CBT • CBT • CBT, Eye Movement Desensitisation & Reprocessing (EMDR) • CBT
Step 2: Low Intensity Service	• Depression - Mild Moderate • Panic Disorder - Mild Moderate • (GAD) Generalised Anxiety Disorder - Mild/ Moderate • OCD - Mild Moderate	• Counselling for depression (CfD) • Couples Counselling for depression (CCfD) • Interpersonal Psychotherapy (IPT) • Dynamic Interpersonal Therapy, (DIT) • cCBT, Guided Self-Help, Behavioural Activation, Exercise. • cCBT, Guided Self-Help, Pure Self Help • cCBT, Guided Self-Help, Pure Self Help, Psycho-education Groups • Guided Self-Help
Step 1: Primary Care / IAPT Service	• Recognition of Problem	• Assessment / Watchful Waiting

Source: Bedfordshire Clinical Commissioning Group

Figure 1 shows how the local Mental Health Service has been designed, the objective is to be delivered in five localities which are able to focus on the local needs of their population;

Figure 1: Mental Health and Wellbeing Service and Stepped Care Model



Source: Bedfordshire Clinical Commissioning Group

Improving Access to Psychological Services, also called IAPT is a national programme to increase the availability of 'talking therapies' on the NHS. IAPT is primarily for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post-traumatic stress disorder. For further information for Bedfordshire, please visit: https://www.elft.nhs.uk/service/20/Bedfordshire-Wellbeing-Service

ELFT community services include six Adult Community Mental Health Teams (CMHTs), three Older People's CMHTs and three Children's and Adolescent Mental Health Service (CAMHS) teams. These teams are geographical spread throughout Central Bedfordshire to best support local communities. Inpatient services include one Psychiatric Intensive Care Unit, two Older Person's Wards and four Adult Admission Wards. There is also an assertive outreach team and a crisis response team which cover Bedfordshire as a county.

A GP will assess individual circumstances and offer appropriate advice or treatment, a GP can also refer to a psychological therapy service (self-referrals are also accepted to psychological therapy services) or a specialist mental health service for further advice or treatment.

These services may be provided by your GP surgery, a large local health centre, a specialist mental health clinic, or a hospital. The treatment may be provided on a one-to-one basis or in a group with others with similar difficulties, and therapy sometimes also involves partners and families.

For further information on services in Bedfordshire, please visit:
https://www.elft.nhs.uk/service/329/Bedfordshire-Mental-Health-and-Wellbeing-Service

Local Authority Services:

Exercise Referral Gym / Physical Activity Programme:

A 10 week gym based or physical activity based programme delivered by qualified instructors to improve the health of patients with a range of conditions that may benefit from increase physical activity levels. Regular physical activity can reduce the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life27. These benefits can deliver cost savings for health and social care services and are recommended by NICE (2006)28, even in the absence of weight loss due to the associated health benefits. In Bedford Borough there is a newly redesigned service with better accountability, more efficient booking and follow up, and more effective reporting procedures has been recently implemented to improve the quality of referrals. Data from the Exercise Referral Programme shows that during 2015/16 768 people were referred to the programme, 118 (15.36%) of whom were suffering from anxiety or depression. In 2014/15 707 referrals were made and of which 117 (16.54%) stated anxiety/depression as the main referral criteria.

Local Views

As part of the recent procurement of Mental Health services for Bedfordshire, engagement and consultation with patients, carers and the public formed part of the process. People were asked what they would want from their local mental health provision. The below are the outcomes that the contract has been commissioned on:

1. I want my life to have meaning.
2. I want immediate access to a Doctor when I first start to feel unwell I want support to prevent me relapsing.
3. Services should be inclusive of marginalised groups, including the deaf community, black, Asian and minority ethnic (BAME) people, lesbian, gay, bisexual, transgender

people, disabled people and people who have had contact with the Criminal Justice System.

4. I want help in maintaining good physical health I want to be able to access services easily and get the support I need to prevent me from relapsing.
5. I want my Care Co-Ordinator and Support Team to always be accessible
6. I want to have a copy of my care plan that is readable and in an easy to understand format.
7. I want to be involved in my care, treatment and review.
8. As a carer I want support to keep mentally and physically well.
9. Reception staff at Inpatient Units and CMHT's should be welcoming and friendly as this is often the first contact with Mental Health Services.
10. Crisis and Home Treatment Teams should be age inclusive
11. There should be better integration between Health and Social Care Services.
12. There should be more emphasis on supporting and sustaining recovery.

ELFT have received feedback from service users who use Mental Health Services in Bedfordshire, these include:

'I am much better in myself since coming here'
'People treating me with respect and helping my needs'
'Excellent care and treatment. I felt listened to, cared for and treated like a human being'
'Nothing is too much trouble. I have always been offered time and advice in equal measures when needed. The amount of care dignity and kindness shown to my father in law by all staff has surpassed my expectations in every way. I go home and know he is truly being cared for, and for me that is priceless. I'm always kept informed enough. Fountains Court is a model example of true care for those that need it, not just the patient but the support and family around them THANK YOU ALL'

BCCG and ELFT will continue to monitor and receive feedback from service users as part of quality outcomes.

National & Local Strategies (Current best practices)

Annual Director of Public Health Report 2014, *Mental Health and Wellbeing in Bedford Borough* *L:\Public health shared team\Strategic\Public Health Report 2013_14\DPH Report 2014 drafts\BBC\Annual_DPH_report_BBC_2014.pdf*

Department of Health (2011), *No Health without Mental Health- A cross-government mental health outcomes strategy for people of all ages.* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

The Mental Health Taskforce (2016), *The five year forward view for mental health.* *https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-*

final.pdf

Department of Health, (2012) *Suicide prevention strategy for England* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

NHS England, *Valuing mental health equally with physical health or "Parity of Esteem"* [Online] https://www.england.nhs.uk/mentalhealth/parity/

Corporate / Organisational Indicators & Performance Measures

Adult Social Care Outcomes Framework (ASCOF)
ASCOF 1C –Proportion of people using social care who receive self-directed support, and those receiving direct payments

1C part 1a (adults aged over 18 receiving self-directed support)

1C part 1b (carers receiving self-directed support)

1C part 2a (adults receiving direct payments)

1C part 2b (carers receiving direct payments for support direct to carer)

Public Health Outcome Framework (PHOF)

PHOF 1. Improving the wider determinants of Health

1.06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation† (ASCOF 1G and 1H) **(NHSOF 2.5ii)
1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *(i-NHSOF 2.2) ††(ii-ASCOF 1E) **(iii-NHSOF 2.5i) †† (iii- ASCOF 1F)

NHS Outcome Framework (NHSOF)

Domain 1: Reducing premature mortality in people with mental illness
1.5 i Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*)
ii Excess under 75 mortality rate in adults with common mental illness iii Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services (PHOF 4.10**)

Domain 2: Enhancing quality of life for people with long-term conditions
2.5 i Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**)
ii Health-related quality of life for people with mental illness (ASCOF 1A** & PHOF 1.6**)

Domain 4: Ensuring that people have a positive experience of care

4.7 Patient experience of community mental health services

What is this telling us?

What are the key inequalities?

There are strong links between social deprivation and mental ill health, therefore service provision and treatment should be focused towards the more deprived areas.

The 'No Health without Mental Health' strategy tackles health inequalities and to ensure equality across all protected characteristics including race and age, in mental health services.

Evidence shows that certain groups are more likely to suffer from mental health than others, for example:

1. Black and minority ethnic background

- People from BME groups often have different presentations of problems and different relationships with health services. Some black groups have admission rates around three times higher than average, with some research indicating that this is an illustration of need.
- The rates of mental health problems in particular migrant groups, and subsequent generations are also sometimes higher.

2. People with other disabilities and mental health problems

- Disabled people with mental health problems may face either barriers to physical access or communication barriers (deaf people in particular). This is critical in mental health provision, which relies on communication. Also estimated 25-40% of people with learning disabilities have mental health problems.

3. Lesbian, gay and bisexual people with mental health problems

- People from this group all have higher risk of mental health problems and of self harm. Monitoring of sexual orientation is patchy, making it less easy to develop tailored services responses.

4. Gender inequality

- There are differences in the rates and presentations of mental health problems between men and women.

Impact & Effectiveness

The contract award to ELFT for Mental Health services for Bedfordshire commenced in April 2015. The last 18 months have seen the implementation of these services. With mobilisation now completed the next step is to ensure robust and acute outcome recording for the service we provide.

1. Recommendations for Mental Health Prevention

- Continue to promote and implement the Five Ways to Wellbeing across Bedford,
- Train Health and Social Care professionals on Mental Health Lite Training and Mental First Aid Training.
- To work with voluntary and third sector organisations on Mental Health training.
- Promote Mental Health Awareness to help break the stigma and discrimination against mental health.
- To continue to work on the DPH 2014 recommendations,

Promoting social capital connects communities and supports sustainability and well-being. Many mental health issues develop before they are addressed, substantial gains can be

realised by adopting a life course approach strategy which prevents problems developing.

- Interventions in the education of young people could affect their cognitive reserve and promote a positive attitude to life course learning this could also protect against age-related cognitive decline.
- Promoting healthy lifestyles in middle age that help maintain cognitive function in later life – for example exercise to improve vascular factors.
- Group interventions which involve education, the evidence shows that learning can help to promote wellbeing and protect against normal cognitive decline. When it takes place in a social setting it can also promote wellbeing indirectly through social networking.
- Volunteering
- Interventions which promote the importance of friendships and staying in contact

2. Recommendations from BCCG

- Improve and increase access to programmes and services (including psychological therapies) which improve health and wellbeing of people with mental health needs.
- Promote mental health as important as physical health and to ensure care pathways are implemented for those with co-morbidities**.**
- Revision dementia provision to ensure most appropriate care setting is being utilised.
- Current scope of and future modelling of the crisis care provision for Bedfordshire.
- Continue capacity modelling and future planning for care pathways for an all age early intervention in psychosis.
- Continue to develop perinatal mental health care across Bedfordshire.
- Continue to develop access to recovery based services, including employment and housing.
- To work with ELFT on service outcomes.

3. Older People's Mental Health

- Increase the focus on early intervention and prevention of physical and mental illnesses, intervening in multiple settings:
- workplace
- retirement and care homes
- community centres
- library
- health centres
- Adopting multiple interventions:
- Community social events – information sessions, social gatherings
- Caregiver support groups
- Self-help groups
- Skill building workshops
- Addressing specific populations:
- Older adults who are recently bereaved
- Older adults living in poverty
- Residents of long term care or retirement homes
- Adults in early retirement
- Older adults with chronic diseases
- Employees nearing retirement

These interventions will help older people maintain their physical and mental wellbeing through strengthening relationships and contribute to their sense of meaning and purpose.

The efficacy of psychological therapies such as cognitive behavioural therapy, is now established therefore should have an expanding place in the treatment of older people.

Promote good health and healthy behaviours throughout life as this has the potential to ensure benefits are continued in later years. A positive healthy adult life can build strength and resilience; enhancing the ability to deal with life's problems and reducing the risk of developing mental illness in older years.

Review equity of access to psychosocial interventions for older people, ensuing support for those individuals with long term conditions and further increase integration with physical health care.

4. Recommendations for Suicide Prevention:

- To increase frontline staff awareness of the impact of physical health on mental health
- To ensure the voices and concerns of family members are heard and acknowledged within mental health services
- Training and awareness raising amongst those in primary health care, the public sector and at a community level, who are in contact with those most at risk of suicide
- Reducing access to means and opportunity
- Thoughts should be given to local hot spots – what can be delivered or developed to reduce suicide in these areas?
- Promotion of the five ways to wellbeing
- GPs can make huge difference to overall suicide rates, by identifying depression early and responding to it early, using evidence-based treatment. Community outreach programmes in traditionally male environments can also improve engagement with men in relation to suicide prevention.

This chapter links to the following chapter in the JSNA:

- Maternal Mental Health
- Dementia