Health and Wellbeing Board

Mental Health, Resilience and Wellbeing

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Better for everyone

Medication is the only effective treatment for mental illness

FALSE

Regular exercise, a healthy diet, sufficient sleep, and stress management can improve mental health.

Building strong relationships and maintaining social connections play a crucial role in recovery.

Mindfulness, meditation, and art or music therapy can complement other treatments.

Journaling, relaxation techniques, and time management skills help in managing symptoms.

Cognitive-behavioural therapy (CBT), dialectical behaviour therapy (DBT), and other forms of counselling can help individuals understand and manage their thoughts and behaviours.

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Talking about mental health can help to reduce stigma

TRUE

Breaking the silence around mental health creates a more supportive and accepting environment for everyone.



Mental health can change over time depending on life circumstances

TRUE

Positive experiences, such as achieving a goal, can boost mental health.

Negative events, such as job loss, illness, or the death of a loved one, can impact it adversely.

High stress from work, relationships, or financial issues can lead to a decline in mental health.

Chronic illnesses, lack of sleep, or poor nutrition can influence mental well-being.

Having strong, supportive relationships can improve mental health, while isolation can have the opposite effect.

A person's ability to handle challenges also affects how their mental health evolves over time.

Good mental health means never feeling fad, anxious or stressed

FALSE

Feeling sad, anxious, or stressed at times is normal and part of being human. Good mental health is about how well you handle these feelings and bounce back from difficult situations.

Joint Local Health and Wellbeing Strategy

Key priorities in the JLHWS:

- Improving the mental health of children and young people
- Suicide prevention
- Developing robust system responses for urgent and emergency mental health care
- Develop and implement a consistent dementia strategy
- Resilient communities
- Deliver and embed new transformed models of care for adults with serious mental health issues

The Mental Health Strategic Partnership is developing approaches to improve everyone's wellbeing and mental health and to enable local people to access wellbeing and mental health support within their communities.



Children and Young People's Mental Health

Lead: Kirsty Wilkinson, Public Health



Data

- Children with a mental health condition
- 1 in 5

- 2,658 school pupils with Social, Emotional or Mental Health needs (3.6%). County Durham has increased of 8.2% from last year (Eng: +10.3%, NE: +8.6%) (%change)
- Approximately 270 hospital admissions for selfharm a year for young people between the ages of 10 and 24. County Durham has decreased by 53.3% from last year (Eng: -25.2%, NE:-19.7%)(% change)
- 135 hospital admissions per year for mental health conditions in people under the age of 18. County Durham has decreased by 27.5% from last year (Eng:-19.1%, NE:-23.1%)(%change).

Mental Health and Wellbeing BI Dashboard

County Durham

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I Thrive





Progress

- Completed the Public Health Commissioned CYP Mental Health Support Review
- CYP MH Partnership development session completed to review governance arrangements
- Community and education events delivered to showcase best practice
- Emotional Health and Resilience Team
- Mental Health Support Teams in schools
- Early help and family hubs

Challenges

- Coordination across the whole system
- Evidencing impact and outcomes
- Equity of support across all areas of County Durham

Next steps

- Review priorities for CYPMH and governance structures
- Social marketing campaign based on 5
 Ways to Wellbeing developed with and
 for children and young people,
 parents/carers
- Measuring impact

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Suicide Prevention

Lead: Kirsty Wilkinson, Public Health



Data

- The pooled rate of deaths by suicide in County Durham is **16.4 per 100,000 population** for 2021-23.
- This is an average of 74 deaths from suicide per year in County Durham. This is equivalent to 1 death by suicide nearly every 5 days.
- We have the ninth highest rate in the country for deaths by suicide.
- County Durham has decreased by 2.4% over the last year (Eng: +4.1%, NE: +2.5%)(%change)
- Over the last 5 years, suicides in County Durham have increased by 26% (Eng. 11.9%, NE: 21.9%)(%change)





Andy Mastrangelo

Runs Men's mental health group in Chesterle-Street

Recently employed by IUCS





Progress

- Established a Men's Suicide Prevention Network
- Targeted communication which includes images relevant to men, veterans and young people
- Suicide prevention improvements have been completed at a high frequency location
- Continued work in high frequency community locations to make sure local people know about services available to support them i.e. Wellbeing for Life
- Updated Standard Operating Procedure including community response plan and links to domestic related death process
- Suicide prevention into planning new structures
- Communication toolkit for elected members
- R;pple promoted to VCSE via digital inclusion hubs through UKSPF
- Where Else is Like This? Report sharing learning with others





Challenges

- Suicide Prevention measures at another high frequency/high profile location
- Social media and the nature of information dissemination
- Near misses
- Linking up conversations about suicide prevention across Integrated Neighbourhood, Primary Care Network, Community Mental Health Transformation, AAP

Next steps

- Conference Making Suicide Everyone's Business 18th February
- Suicide Prevention Social Marketing Campaign
- Re-development of Suicide Prevention Alliance Action Plan
- Systematic roll out of ASIST and other suicide prevention training
- Research to support suicide prevention
- The role of art and culture in suicide prevention



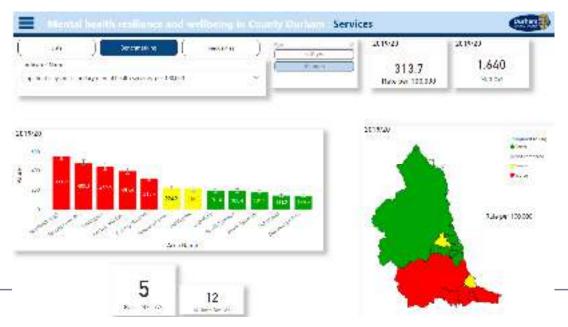
Urgent Care

Lead: Jo Murray, TEWV



Data









Progress

- 111 option 2 now in place
- Right Care Right Person phase 2 implemented
- Delayed transfers of care from mental health beds significantly reduced
- Continued significant reduction in out of area admissions
- Improvement in the number of people who say they feel safe, and in the number reporting their experience of good or very good
- Reduction in use of restrictive interventions, supported by a Specialist Practitioner in positive and safe working
- Alternatives to crisis developing, building on 'Happiness hubs'
- Significant inpatient quality transformation programme commenced across NENC
 ICB

Challenges

- Managing demand alongside staff absence/vacancies
- Continuing to manage demand for inpatient admission whilst avoiding out of area admission wherever possible
- Developing and agreeing appropriate discharge support for people with particularly complex needs

Next steps

- Continuing to embed 111-2
- Develop plans for alternative to crisis provision across County Durham
- Take forward work associated with national inpatient quality transformation programme and culture of care
- Continue work with partners to develop market to support people with complex needs

Transformed models of care for people with Serious Mental Illness

Lead: Jo Murray, TEWV



Data

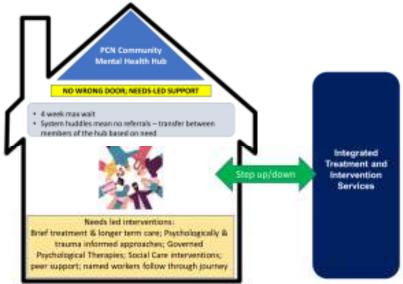


Adults and Older Adults Hental Health Service Referrals : Demographic Breakdown

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Progress

- Continuing to embed new models of integrated community care for adults with SMI across the County. Only 3 PCN areas now left to transform
- Peer support workers and lived experience leads post in every 'place'
- Local Steering Groups continue to lead work in each area – stocktake and refresh sessions being planned
- Physical hub in place in Seaham, work continues identify physical hubs in other areas (including possible joint work with drug and alcohol services in Chester le Street)
- Taking stock and making ongoing improvements to 'no wrong door' pathways and step up/down arrangements





Challenges

- Sustaining complex system change across multiple partners
- Embedding cultural change across the system
- Evidencing impact to help change mindsets

Next steps

- Stocktake of progress in each local area to agree next immediate priorities for action
- Continued focus on communication of new models to communities and across partner organisations
- Continue to work with ICB to develop sustainable contracting models for VCSE partners

EXAMPLE OF WORK IN EAST DURHAM







- Seaham Safe Harbour Hub opened 1st of May 2024
- Footfall has increased offers include housing related support, health support, social support, safeguarding, credit union, baby bank, access to food and the household support fund
- Community Navigator based at Seaham Safe Harbour Hub
- Work with individuals for 4-6 sessions offering immediate help to link with the services they require
- We held a walk to engage the local community around accessing help for your mental wellbeing and also promoting prostate cancer awareness
- We worked with the local council to create a video promoting the mental transformation work which was shown at Seaham Carnival



Integrated Dementia Action Plan

Lead: Sarah Douglas, Commissioning



Preventing Well	Diagnosing Well	Supporting Well	Living Well	Dying Well
Risk of people developing dementia is minimised	Timely, accurate diagnosis, care plan and review within the first year	Access to safe, high quality health and social care for people with dementia and their carers / friends / families	People with dementia can live normally in safe and accepting communities	People living with dementia, die with dignity in a place of their choosing
"I was given information about reducing my personal risk of getting dementia"	"I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help"	"I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life"	"I know that those around me and looking after me are supported" "I feel included as part of society"	"I am confident my end of life wishes will be respected" "I can expect a good death"



Progress

- Alzheimer's Society have supported 5,276 referrals (DAS Contract).
- Work has been undertaken to increase referrals from primary care and memory services to the DAS. We have seen an increase from previous years; primarily from Social Prescribing Link Workers and Care Coordinators working in GP Practices.
- A Dementia Health Needs and Asset Assessment was completed in early 2024 to inform the development of the integrated dementia action plan in 2024/25.
- Reminiscence Interactive Therapy Activities' (RITA all-in-one touch screen solution which offers digital reminiscence therapy) available in 74 care homes and 5 extra care sites.
- Exploring other technology enabled care such as Hug and Droplet Reminder:
- Cognitive Stimulation Therapy (CST) pilot led by Age UK
- Achieved ICB dementia diagnosis performance target



Challenges

- Continued rise in presentations
- Capacity in services across the system to meet increased levels of need
- Ongoing funding for 3 x specialist dementia posts (early onset, veterans and prisons) and extension of CST pilot beyond 2024/25.
- Dementia training offer for a large workforce across health and social care.

Next steps

- Finalisation of draft Integrated Dementia Action Plan and move into implementation phase
- Develop commissioning intentions for 2025/26 based on gaps/pressures identified in the workplan refresh
- Continue to support accelerated roll out of TEC to care homes
- Continue to work closely with primary care and VCSE to maximise local wellbeing support for people with dementia and their families

Better for everyon

Case Study

'You have been so proactive and wonderful; it is lovely to feel supported. Thank you for visiting us and providing useful information and knowledge. My sister in particular thought you were amazing'.

Mr S's behaviour changes in the afternoon, he is wanting to leave the family home. Mrs S is explaining that they are already home, this response is not helping to settle Mr S. Mrs S is finding this difficult to cope with as it is happening every day and nothing is helping. Dementia adviser (DA) explained why this is happening, discussed and explained sundowning. DA advised how to react and respond to Mr S, suggested coping strategies to try to reduce the effects of sundowning.





Resilient Communities

Lead: Carol Gaskarth, Pioneering Care Partnership



Resilient Communities Group

Progress

- Alignment with County Durham Together to focus on wellbeing and thriving
- Test and Learn Teesdale (UTASS) and East Durham (East Durham Trust)
- Links with ICB around feasibility of befriending schemes
- Continued engagement with Stamp it Out around anti-stigma work with partners
- Stamp it Out RCG Partnership Pledge created ensuring all RCG members are committed to tackling stigma and discrimination in their workplace and the community.

Challenges

Broadening to encompass "Thriving" not just focused on provision of services by VCSE

Next steps

- Develop an effective approach to co-production within the group
- Work with communities to test approaches to improve mental wellbeing and general community resilience





Big Arts Projects

The Big Arts Project was delivered across County Durham. This initiative used Culture and Arts to promote good mental health, wellbeing and resilience. Various initiatives and displays during the week of World Mental Health Day 2024.

Public health investment of £140k. £10k in each AAP area

£76k match funding achieved

30 projects supported

1000 people involved

700 Children and Young people

3500 beneficiaries











Durham Mental Wellbeing Alliance

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Resources

Wellbeing exercise

Big Arts Project and exhibition



What else should we be doing?

- What do we need that we don't have?
- What do we need to better understand?
- What can your organisation do to improve the wellbeing and mental health of the population?



Next steps...

- Review of the ambitions for mental health and what it will take us to reach these ambitions
- Review system wide governance structures around mental health including commissioned services
- Children and Young People's Health Needs Assessment
- Adoption of iThrive model for adults
- Protective factors Promotion of 5 Ways to Wellbeing for adults and children/young people
- Risk factors continued focus on the wider determinants of poor mental health (poverty, housing, etc.)
- Measures of success how do we know we are making a difference?