2014 - 2017

County Durham

Implementation Plan of the 'No Health without Mental Health' National Strategy

Developed on behalf of the County Durham Mental Health Partnership Board

Contents

Welcome

Acknowledgements

This plan was produced by the Mental Health Task & Finish Group which was made up of members from the County Durham Mental Health Partnership Board and the Darlington Mental Health Network.

The Task & Finish Group would like to first of all express thanks to the individuals who use or have used services, and indeed their carers for contributing to the plan by completing surveys or attending the stakeholder events.

Also thanks to the many organisations that have provided valuable support and input to the production of this plan:

Breathing Space Project

Age UK County Durham

North Durham CCG

Durham Dales, Easington & Sedgefield CCG

County Durham & Darlington NHS Foundation Trust

Tees, Esk & Wear Valleys NHS Foundation Trust

National Council of Women of Great Britain

Foundation

Blackhall & Peterlee Practice

Sovereign Care

Richmond Fellowship

St Margaret's Centre

Durham County Carers Support

Chester le Street & Durham City MIND

North East Ambulance Service

Countywide Service User & Carer Forum

Waddington Street Centre

Park House Surgery

Durham Deafened Support

DISC

Relate North East

Macmillan Information and Support Centre

Healthwatch

Community Alcohol Service

Mental Health North East

Family Action

Time to Change

Community Mental Health Team

Bridge End Surgery

Etherley Lodge

Gay Advice Darlington/Durham

Stonham

DCC Support & Recovery

Aspire

Dene Valley Partnership

Foreword

This document is the County Durham Mental Health Implementation Plan for the national strategy "No Health without Mental Health[1]" which sets out how, over the next 3 years, we intend to develop and improve Mental Health services covering all ages across the county. It also outlines what our local priorities will be in order to achieve positive outcomes in line with the requirements and objectives of the national strategy.

The document has been developed through the local Mental Health Partnership Board, a sub-group of the Health and Wellbeing Board, involving a wide range of stakeholders and partner agencies. Crucially, people who have "lived experience" of mental health issues have been involved throughout the process of consultation and dialogue and have made a significant contribution to this ambitious attempt to improve the mental health and emotional wellbeing of people in our area. People with "lived experience" will also feature strongly in the implementation of this plan, as the Mental Health Partnership Board is committed to such co-production throughout its work.

Central to this approach is the fact that there is a proven strong relationship between mental health and physical health and that this influence works in both directions. Poor mental health is associated with a greater risk of physical health problems and poor physical health is associated with a greater risk of mental health problems. As a result several health publications such as Whole Person Care 2013[2] and Parity of Esteem for Mental Health[3] stress the importance of giving mental health equal status with physical health.

A Public Mental Health Strategy has already been agreed by the Health and Wellbeing Board. The primary purpose of the strategy is to reduce the number of people developing mental health problems through promotion of mental health, prevention of mental ill-health and improving the quality of life for those with poor mental health through early identification and recovery. This forms a key strand of the County Durham Mental Health Implementation Plan. In addition, a Mental Health and Emotional Wellbeing Strategy will be developed in 2015 to specifically take forward work relating to children and young people and will incorporate Children and Adolescent Mental Health Services (CAMHS).

You will see in the document that the local priorities include:

- Supporting people who are socially isolated
- Improving outcomes for people experiencing mental health crisis (Crisis Care Concordat)
- Providing support to people who self-harm or attempt suicide
- Support the armed forces community who have poor mental / physical health

These priorities are aligned to those in the County Durham Joint Health and Wellbeing Strategy 2014/17.

Successful implementation of the Plan will require close joint working between all partners across Health and Public Health, in Local Authority Children and Adults Services, as well as other key agencies including the Police, Housing, Leisure and the Voluntary and Community Sector.

Reporting progress on the implementation of this plan will be regularly provided to the Mental Health Partnership Board and the County Durham Health and Wellbeing Board.

Dr Richard Lilly
Chair of the Mental Health Partnership Board

George Blakemore
Chair of the Countywide Service User & Carer Forum

Cllr Lucy Hovvels
Cabinet Portfolio holder for Safer and Healthier Communities
Mental Health Champion, Durham County Council

Anna Lynch
Director of Public Health County Durham
Mental Health Champion, Durham County Council

Summary of the Implementation Plan

This summary provides a short overview of the County Durham Mental Health Implementation Plan 2014 - 2017. Durham County Council (DCC), North Durham Clinical Commissioning Group (NDCCG) and Durham Dales, Easington & Sedgefield Clinical Commissioning Group (DDESCCG) are committed to working in partnership to improve the mental health and emotional wellbeing of our population. This document is our local response to the National Strategy – 'No Health without Mental Health' and is aimed at a broad audience.

This Implementation Plan has been developed in partnership with a wide range of organisations, people that use mental health services and carers. Working in partnership in this way has put the community and people that use services at the heart of the design of this plan ensuring their experience, insight and expertise shape our priorities.

In County Durham the number of people predicted to have:

- Depression will rise from 7,986 to 11,869 (48.6%)
- Limiting long term illness will rise from 52,734 to 79,188 (50.2%)
- Severe depression will rise from 2,512 to 3,870 (54.1%)
- Dementia will rise from 6,153 to 10,951 (78%)

We are committed to developing a detailed action plan to deliver the improvements in mental health services that we have outlined as priorities. This will explain how we plan to achieve change, with specific actions and timescales.

This will require the hard work and collaboration of local organisations, individuals, carers, families, employers, educators, voluntary groups and communities. A Steering Group will lead on the implementation and will report progress to the Mental Health Partnership Board.

Introduction

A Collaborative Approach

A Task & Finish Group was established to lead on the development of this plan. This had representation from the following organisations:

- NHS North of England Commissioning Support
- Durham County Council
- Darlington Borough Council
- North Durham Clinical Commissioning Group
- Durham Dales Easington & Sedgefield Clinical Commissioning Group
- Darlington Clinical Commissioning Group
- Provider & Stakeholder Forum
- Countywide Service User & Carer Forum
- Tees, Esk & Wear Valleys NHS Foundation Trust
- NHS County Durham & Darlington Foundation Trust
- Healthwatch
- NHS England

FACT

People with mental illness are at increased risk of the top five health killers, including heart disease, stroke, liver and respiratory diseases.

If you have a mental health problem you are four times more likely to die of a respiratory disease

Smoking Cessation is a real problem for our patients as the programmes only seem to have an impact on people without mental health problems

Gastrointestinal disease is raised at least four times and most of that are liver issues to do with alcohol

The Task & Finish Group will become the Strategy Implementation Group and be responsible for overseeing the priorities set out in this plan (Table 1). The membership of the group will include key agencies, service user and carer representatives as well as a wide range of stakeholders. The group will produce and be responsible for the delivery of the detailed action plan and will report directly to the County Durham Mental Health Partnership Board.

Co-Production

The term "co-production" is increasingly being applied to new types of public service delivery in the UK. It refers to active input by the people who use all services, as well as, or instead of, those who have traditionally provided them. It emphasises that the people who use services have assets which can help to improve those services, rather than simply needs which must be met. These assets are not usually financial, but rather are the skills, expertise and mutual support that service users can contribute to effective public services.[1]

The work of the Task & Finish group was to first of all gather information using the knowledge we already have as well as engaging with the wider workforce, users or past users of services and their family members or carers. This was achieved by holding community events and using surveys to capture experiences. A scoping

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[1] Co-production: an emerging evidence base for adult social care transformation (2012) Social Care Institute for Excellence

document was also developed which allowed organisations to measure progress in line with the implementation framework.

This collaborative approach has allowed the Task & Finish Group to be well informed and equipped with the knowledge and understanding of what is working well, what needs to be improved and where the gaps are. This has enabled us to develop our key priorities.

The Implementation Plan covers 'all ages', is far reaching and aims to cover services for individuals with mild to moderate mental wellbeing needs as well as those with severe and enduring mental health conditions.

There are a number of facts[2] throughout the document along with extracts from people's personal stories and some of the responses to the survey questions. We received an overwhelming amount of personal stories and unfortunately were unable to include them all but a selection can be found in Appendix 1. The priorities feature throughout the document and are linked to relevant areas; these are also listed in full in Table 1. Thanks go to all those individuals and organisations who contributed.

> ***Priority***
> *Explore opportunities to embed co-production and peer support models within contracts*

National Directives

There are a number of national directives and strategies that are relevant to the development of this implementation plan.

No Health without Mental Health[3]

The publication of No Health without Mental Health: A cross government mental health strategy for people of all ages published in February 2011 drew together the wider principles that the government has laid down for its health reforms, including patient-centred care and locally determined priorities and delivery. At a national level, the strategy sets out the 'high level' objectives to improve the mental health and wellbeing of the population. These are:

FACT

No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact.

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

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[2] No Health without Public Mental Health, (2010) Royal College of Psychiatrists
[3] No Health without Mental Health(2011) HM Government

Resulting from this an implementation framework has been developed and sets out how progress will be monitored through the outcomes frameworks and made a series of recommendations for local and regional organisations to take forward.

These included providers and commissioners of mental health services, primary, acute and community health providers, the new health and wellbeing boards, social services, children`s services, public health services, housing organisations, schools and colleges.

The position statement of the Royal College of Psychiatrists states:

- No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact
- Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour
- Mental illness has not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year

Mental health practice should aim to put the person's needs at the centre of care planning and service delivery. No Health without Mental Health encourages recovery based approaches; this is further reinforced in the NHS Outcomes Framework as well as the Social Care Outcomes Framework.

No Health without Mental Health states that a good start in life and positive parenting promotes good mental health, wellbeing, self-esteem and resilience to adversity throughout life. Parental mental health is an important factor in determining the child's mental health and secure attachments with parent or care-givers are associated with better outcomes for the child, including improved learning and academic achievement. As adults, those who are securely attached tend to have trusting, long-term relationships, higher self-esteem and supportive social networks.

FACT

Circulatory, respiratory & digestive diseases are all raised in our population.

Then we've got diseases of the nervous system then mental & behavioural disorders

We have potentially got a minimum of 700 un-necessary deaths per year, that's 700 more deaths than to be expected on top of the poor lifestyle mortality

One in six of all deaths is attributed to smoking

On average mental health patients have twice the rate of smoking and this is not changing

A mental health dashboard[4] was then developed which brings together relevant measures from a wide range of sources to show us the progress being made against these objectives and to give a clear, concise picture of mental health outcomes as a whole. The dashboard draws only on existing, publicly available sources of information and is not intended to hold individual organisations to account.

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[4] No Health without Mental Health, mental health dashboard, (2013) HM Government

The dashboard covers the full, wide scope of the strategy and aims to provide a balanced picture across all six of the strategy's objectives. It therefore focuses not only on mental health services, but also on the mental wellbeing of the whole population, the physical health of people with mental health problems, people's experience of care and experience of stigma and discrimination.

The measures which make up the dashboard have been chosen for their relevance to these objectives and include those measures which are most relevant or important for mental health outcomes as a whole, not necessarily those which will be easiest, or even possible, for specific organisations (public services or other organisations) to affect. It focuses primarily on the outcomes we want to achieve, rather than how they will be achieved, or by whom.

The main purpose of the dashboard is to bring the best information we have about mental health outcomes together in one place, as a resource for everyone with an interest in improving these outcomes.

The Care Act 2014[5]

The new Care Act consolidates much of existing social care law along with best practise and creates a new obligation on local authorities to deliver the personalised agenda.

Many duties and requirements will be introduced particularly around assessments for carers and self-funders which will require a full care and support plan with Independent Personal Budgets for all adults who have eligible social care needs irrespective of whether they choose to have these met by the local authority.

The Act will also for the first time set out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect.

> **Priority**
> *Work together to give people greater choice and control over the services they purchase and the care that they receive*

Children & Families Act 2014[6]
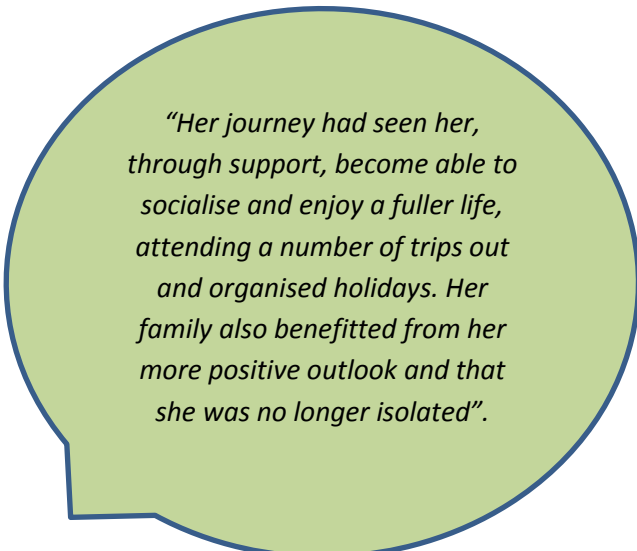
The Children & Families Act will mean changes in law to give greater protection to vulnerable children and young people, a new system for under 25s who have special education needs and disabilities to provide great choice and control and help for parents to balance work and family life. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background.

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[5] The Care Act (2014) HM Government
[6] Children & Families Act (2014) HM Government

Closing the Gap: Priorities for essential change in mental health[7]

Closing the Gap supports the measures in the national mental health strategy No Health without Mental Health, the Mental Health Implementation Framework and the Suicide Prevention Strategy. It is intended to bridge the gap between long term strategic ambitions and short term actions through the 25 priorities for action – issues that current programmes are starting to address and

"Her journey had seen her, through support, become able to socialise and enjoy a fuller life, attending a number of trips out and organised holidays. Her family also benefitted from her more positive outlook and that she was no longer isolated".

where 'strategy is coming to life'. The government will report on progress on these priorities next year.

The document is a useful update on significant developments such as the Crisis Care Concordat[8], which is a commitment from organisations to prevent crises through prevention and early intervention, and is a mechanism to promote partnership working.   It emphasises the government's intention for parity between mental and physical healthcare as set out in the NHS Mandate.

Achieving parity of esteem between mental and physical health

In our society mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

There is an ambition for the NHS to put mental health on a par with physical health. However, the concept of parity in this context is not always well understood. In this report[9] an expert working group defines 'parity of esteem' in detail and examines why parity between mental and physical health does not currently exist and how it might be achieved in practice.

A Call to Action: Achieving Parity of Esteem

In July 2013, NHS England launched A Call to Action, which began a programme of engagement and evidence collection that encourages everyone to contribute to the debate about the future of health and care provision in England. It also signalled the beginning of a process to develop a new strategy for the health service.

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[7] Closing the Gap: Priorities for essential change in mental health (2014) HM Government
[8] Mental Health Crisis Care Concordat: Improving Outcomes for people experiencing mental health crisis (2014) HM Government
[9] Whole person care: from rhetoric to reality (Achieving parity of esteem between mental and physical health) (2013) RCP

A discussion paper was developed[10] which focuses on valuing mental and physical health equally. This resource focuses on one of the outcome ambitions set out in the strategic planning framework: to achieve 'parity of esteem' and is intended to stimulate debate between Clinical Commissioning Groups and local partners to think about changes that can be made.

What do we mean by parity of esteem? It's about equality in how we think about mental health and physical health care – it's about how they're valued. We need to 'close the gap' between mental and physical health services – whether that's a gap in access, in quality, in research, or even in the aspirations we have for people. As the report makes clear so powerfully, the current state of disparity is obvious.

It is astonishing that in the 21st Century NHS, 3 in 4 people with common mental health problems receive no treatment, and even for psychotic disorders this figure is nearly 1 in 3. It is equally astonishing that people with severe mental illness are, in some cases 3 or 4 times more likely to die prematurely from the 'big killer' diseases, when compared to the population as a whole. This says something, of course, not only about mental health services, but also how we treat people with mental illness, something which must change (Norman Lamb MP, 2013).

Priority
Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles
Priority
Develop a more integrated response for people with both mental and physical health conditions
Priority
Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns
Priority
Ensure that people with mental health conditions have their physical health needs actively addressed

The following 10 Facts are taken directly from A Call to Action: Achieving Parity of Esteem and are reasons why we should strive to achieve parity between physical and mental health.

1. Mental health problems develop at a young age. I in 5 children have a mental health problem in any given year. First experience of mental health in those suffering lifetime mental health problems: 50% by 14 years old and 75% by 25 years old

2. Mental health is widespread and common. Every year 1 in 4 adults experience at least one mental disorder

3. Mental health is a significant burden. Mental illness is the single largest cause of disability in the UK

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[10] A Call to Action: Achieving parity of Esteem; Transformative ideas for commissioners (2013) NHS England

4. Mental health impacts on life expectancy. Average life expectancy in England and Wales for people with mental health problems is behind the national average. 68 years for males and 73 years for females for people with mental health problems. 79 years for males and 83 years for females for everyone else.

5. People with mental health problems have worse physical outcomes. People with mental illness are at increased risk of the top five health killers, including heart disease, stroke, liver and respiratory diseases and some cancers.   People with Schizophrenia are twice more likely to die from cardiovascular disease and three times more likely to die from respiratory disease.

6. When people with long term conditions also have mental health issues the cost of treatment can rise significantly. 1/3 of people with long term conditions also experience mental health problems increasing treatment costs by around £8–13 billion a year.

7. The mental health of people with serious physical health problems is often overlooked. ½ of terminally ill or advanced cancer patients suffer from depression, anxiety and/or an adjustment disorder, yet less than half receive treatment for their mental health

8. Mental health problems affect the likelihood that people will be compliant with their treatment. Depression co-morbid patients are three times more likely to be non-compliant with treatment recommendations than non-depressed patients.

9. There are often long walls for mental health services. 1 in 10 people wait over a year for access to talking therapies.

10. There is a wider economic impact of mental health. The full costs of mental illness in England have been estimated to be £105.2 billion a year

FACTS

Annual homicides in England and Wales: 550.

Annual fatal road traffic accidents: 1850.

Total military casualties that have occurred in Afghanistan from the very beginning of the conflict to the present day: 446.
(www.bbc.co.uk/news/uk-10629358)

How many people with a mental health condition die early every year of preventable conditions? 18,000 - and that is only ages 19–74.

Crisis Care Concordat: Improving Outcomes for people experiencing mental health crisis

The Concordat is a shared agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental health crisis need help – in policy making and spending decisions, in anticipating and preventing mental health crises wherever possible, and in making sure effective emergency response systems operate in localities when a crisis does occur. The Concordat is arranged around:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crises

"Young Carers have done loads. They have helped with my social anxiety."

The Concordat expects that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These will consist of commitments and actions at a local level that will deliver services that meet the principles of the national concordat.

Priority
To develop a more extensive, accessible crisis team
Priority
To co-ordinate a local response of the Crisis Care Concordat

Transforming Rehabilitation

The Ministry of Justice 'Transforming Rehabilitation' programme of Probation reforms sets out proposals for reforming the delivery of offender services. On the 1st of June 2014 the Government split probation services into two new organisations: A new public sector National Probation Service (NPS) dealing with all those who pose the highest risk of serious harm to the public and twenty one regional Community Rehabilitation Companies (CRCs) managing all other offenders.

Recognised, valued & supported: next steps for the Carers Strategy[11]

It is important that the role of unpaid carers of those with mental health problems is recognised. We know that caring for someone with a mental health problem can be emotionally and often financially draining. In 2014, National Institute for Health and Care Excellence (NICE) issued clinical guidelines for 'Psychosis and Schizophrenia in adults: treatment and management'.

These introduced new requirements in respect of identifying and supporting carers, including the following:

- Mental health services to offer and provide carers with an assessment of their own needs; develop a care plan to address any needs identified; review this annually and advise carers of their statutory right to a formal carer's assessment by social care services
- Give carers written and verbal information about diagnosis and management of psychosis and schizophrenia; positive outcomes and recovery; types of support for carers; role of teams and services; getting help in a crisis
- Negotiate with service users and carers about how information will be shared and review regularly
- Involve carers in decision making if the service user agrees

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[11] Recognised, valued & supported: next steps for the Carers Strategy (2010) HM Government

- Offer a carer focused education and support programme

There are a number of services commissioned to provide a free high quality service to support unpaid carers, this includes Young Carers, Adult Carers and Parent Carers who care for someone living within County Durham. These services provide confidential, non-judgmental and impartial one to one support, advice and information.

Priority
Ensure service users and their carers have access to NICE recommended guidance and evidence based interventions

Better Care Fund

In June 2013, the government announced that it would be allocating £3.8 billion to a pooled budget called the Better Care Fund. In County Durham, joint plans have been developed between the Local Authority and Clinical Commissioning Groups and £43.735m has been allocated locally on health and social care initiatives through pooled budget arrangements from 2015/16.

The aim for the Better Care Fund is to improve the health and wellbeing of the people of County Durham by innovating and transforming services, with a focus on reducing reliance on long term health and social care, providing more preventative services, helping people to stay independent in their own homes, and improving care in community settings.

Priority
Develop an integrated Primary Care Model for access to talking therapies.

Transforming Care: A national response to Winterbourne View Hospital Department of Health Review: Final Report[12]

Following the BBC Panorama Programme on the abuse at Winterbourne View Hospital, The Department of Health set out a transformation programme that looks to ensure people with complex support needs due to a learning disability, mental health problem and/or autism are supported closer to home and where possible within their local communities. Each area is required to develop a local plan that sets out how people with complex needs will be supported in the future.

Welfare Reform

The Welfare Reform Act[13] legislates for a range of changes to the welfare system some of which will have a direct effect on people with mental health problems. It introduces a wide range of reforms including the introduction of Universal Credit and

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[12] Transforming care: A national response to Winterbourne View Hospital (2012) HM Government
[13] Welfare Reform Act 2012

changes to housing benefit. There has been concern amongst a range of mental health stakeholders nationally about the impact of welfare reform on people with mental health problems.

> ***Priority***
> *Ongoing monitoring and awareness of the financial challenges and how the welfare reforms impact on the ability to access services*

Employment

Many people who experience mental health problems face difficulties in gaining and maintaining employment. They often face stigma and discrimination that sometimes results in losing their job or cause challenges in getting a job. People who experience severe and enduring mental health problems have one of the lowest employment rates. Only one user in five of specialist mental health services either has paid work or is in full-time education[14]

Lesbian, Gay, Bisexual & Transgender

Lesbian, Gay, Bisexual and Transgender (LGBT) people are a minority community who often suffer from widespread harassment, discrimination and at times violence. The high levels of stigmatisation often lead to higher rates of mental health issues within the community with much higher instances of self-harm and attempted suicide.

FACT

Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour.

The problems of discrimination are especially prevalent in the case of transgender individuals who have very little in the way of support and are often isolated within their communities.

53% of transgender individuals have carried out some form of self-harm in their lives, while 48% have attempted suicide at some point in their lives, with 33% more than once.[15] These statistics seem alarming, however when put into context of a small isolated community with little or no support and a lack of community understanding they begin to make more sense.

Homelessness

Homelessness easily descends into a destructive cycle of hopelessness and mental distress. It has been described as "a dire condition and if protracted highly damaging to an individual's identity, self-worth, morale and physical and mental health"[16].
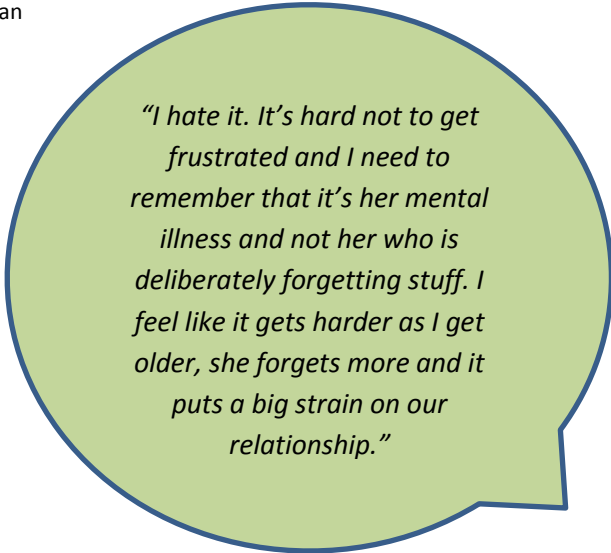
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[14] Removing barriers: the facts about mental health and employment Centre for Mental Health (2009)
[15] Trans Mental Health Study (2012)
[16] Building Homelessness Prevention Practice: Combining Research Evidence and Professional Knowledge, University of Sheffield

There is a strong body of evidence[17] that points to markedly higher rates of mental health problems in populations of homeless adults than among the securely domiciled.

Most studies support the finding that unusually high rates of psychosis and substance misuse are a common feature of homeless populations. The difficulties of addressing combined substance misuse and mental illness (dual diagnosis), which exists in this group, has long been acknowledged. Nationally, the prevalence of substance misuse dependency among the homeless mentally ill can be as high as 50-60 percent and is up to five times higher than that for the general population.

"I hate it. It's hard not to get frustrated and I need to remember that it's her mental illness and not her who is deliberately forgetting stuff. I feel like it gets harder as I get older, she forgets more and it puts a big strain on our relationship."

Homeless people experience twice the rate of neurotic disorder than that of the general population, including anxiety, depression and mental distress. They are also more likely to become hospital in-patients than to be treated on an out-patient basis for their mental health problems.

Transition[18]

The ages 16–18 are a particularly vulnerable time when there is increased susceptibility to mental illness, as well as major physiological, emotional, educational and social change. It is also the age at which the young person already in contact with mental health services will move from child and adolescent services (CAMHS) to adult services (AMHS).

Transitions can be problematic if there are gaps in service provision and different structures and systems to navigate.

Local Context

In order to be able to plan effective mental health services it is important that we understand the mental and emotional wellbeing needs of the population. In County Durham the number of people predicted to have:

- Depression will rise from 7,986 to 11,869 (48.6%)
- Limiting long term illness will rise from 52,734 to 79,188 (50.2%)
- Severe depression will rise from 2,512 to 3,870 (54.1%)
- Dementia will rise from 6,153 to 10,951 (78%)

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[17] Melvin P (2004) A Nursing Service for homeless people with Mental Health Problems. Mental Health Practice, vol 7 no 8
[18] Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services (2012)

The collation of current information in relation to mental wellbeing needs to be co-ordinated better. Assessing need in relation to mental health and wellbeing is complex and there are a number of ways in which this challenging problem may be tackled.

It is essential to consider sources of information which tell us who and where in our communities are receiving support for mental health issues alongside the range of wider determinants which impact on mental health and wellbeing and cause individuals to be more vulnerable to poor mental health.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Many of the acknowledged risk factors for mental illness are linked to deprivation. Measures of deprivation can help to identify geographical areas where the need for mental health services is likely to be the greatest. County Durham has some of the most deprived areas in the country.

There are many factors that may increase the likelihood of becoming unwell, such as:
- poor housing
- homelessness
- financial poverty
- unemployment
- drug and/or alcohol dependency
- being a carer
- poor physical health
- having a learning disability
- lesbian, gay, bisexual and transgendered people
- people that have committed criminal offences
- black, minority & ethnic people
- gypsies, roma & travellers

FACT

Women are more likely to have been treated for a mental health problem than men.

The North East Public Health Observatory published a Community Mental Health Profile for County Durham[19] which is designed to give an overview of mental health risks, prevalence and services at a local level.

In County Durham there are already a number of plans and strategies which contribute to the implementation of the National Directives to improve the mental health and wellbeing of the people of County Durham. The section sets the key local documents which have helped the development of this implementation plan and will support work required to meet the agreed priorities.

County Durham Joint Health and Wellbeing Strategy[20]

The Health and Social Care Act 2012 places clear duties on Local Authorities and Clinical Commissioning Group's to prepare a Joint Strategic Needs Assessment (JSNA)[21] and Joint Health & Wellbeing Strategy which will influence commissioning

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[19] Community Mental Health Profile for County Durham (2013)
[20] Co Durham Joint Health & Wellbeing Strategy
[21] Co Durham Joint Strategic Needs Assessment

strategies for health and social care, to be discharged through the Health and Wellbeing Board.

The County Durham Joint Health and Wellbeing Strategy is a document that aims to inform and influence decisions about health and social care services in County Durham so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

Strategic Objective 4 of this strategy is to improve the mental and physical wellbeing of the population through:

- Maximised independence
- Increased social inclusion
- Reduced suicides
- Increased physical activity and participation in sport and leisure

County Durham Public Mental Health Strategy[22]

County Durham have a Public Mental Health Strategy in place, the primary purpose of the strategy is to reduce the number of people developing mental health problems through promotion of mental health, prevention of mental ill-health and improving the quality of life for those with poor mental health through early identification and recovery.

'Starting well' is a priority in the national and local public mental health strategies, recognising that the social and biological influences on a child's health and brain development start even before conception and continue through pregnancy and the early years of life and emphasising the crucial importance of early intervention in emerging emotional and mental health problems for children and young people.

Public Mental Health encompasses both mental health improvement and suicide prevention, recognising that mental health improvement is a vital tool in the prevention of suicide.

This strategy outlines the implications for public mental health in light of No Health without Mental Health and Preventing Suicide in England; A Cross Government Strategy to Save Lives. Taking a life course approach, it recognises that the foundations for lifelong wellbeing are being laid down before birth. It aims to prevent mental ill health, intervene early when it occurs and improve the quality of life for people with mental health problems and their families.

It is for people of all ages; children and young people, working age adults as well as older people.

Priority
Undertake an assessment of the mental health needs of the population of County Durham

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[22] Co Durham Public Mental Health Strategy

Priority
Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles
Priority
Implement the multi-agency Public Mental Health and Suicide Prevention Strategy for County Durham

County Durham & Darlington Dual Diagnosis Strategy[23]

People with concurrent learning disabilities, mental behavioural diagnosis and substance misuse problems have reported difficulty in accessing services able to address their complex needs. Although guidance refers to 'diagnosis' it is vital that our focus is on the needs of people with dual problems. People with dual needs experience problems in many diverse ways with varying degrees of severity and may require different services to help them. The County Durham & Darlington Dual Diagnosis strategy sets out ways to help individuals, families, providers and commissioners to work together to respond to the complex and changing needs of individuals living with dual diagnosis.

The aim of this strategy is to identify people with a dual diagnosis and to ensure they have access to co-ordinated and responsive services to meet their complex and changing needs. This strategy is to be presented for agreement at the November 2014 Health & Wellbeing Board.

Children, Young People and Families Plan 2014 - 2017

The Children, Young People and Families Plan 2014-2017 is the single overarching, multi-agency plan for the delivery of priorities for children and young people in County Durham. The plan draws on a vast range of evidence including the Joint Strategic Needs Assessment, performance data, policy drivers, legislation and the ongoing engagement with children, young people, parents, carers and partner agencies.

The Children, Young People and Families Plan will focus on the following three outcomes:

1. Children and young people realise and maximise their potential
2. Children and young people make healthy choices and have the best start in life
3. A Think Family Approach is embedded in our support for families

The plan details a number of priority areas to deliver the above outcomes; including a specific priority on making children and young people more resilient. One of the key actions identified in this regard is to develop and deliver a children and young people mental health and emotional wellbeing plan.

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[23] Co Durham & Darlington Dual Diagnosis Strategy

The resilience strategic framework[24] identifies the need to build the strengths and resilience of all children and young people. Resilience can be increased through the enhancement of protective factors which help children successfully adapt and cope with life's challenges. This framework aims to demonstrate the links to resilience within current Durham County Council strategies and plans, rather than develop a separate strategy. It should be read in conjunction with the Children, Young People's and Family Plan 2014-2017[25].

Priority
Continue to improve the emotional wellbeing of children & young people and provide effective, high quality mental health services to those who need it

County Durham Interim Children and Adolescent Mental Health Strategy 2014- 2016

The Interim Children and Adolescent Mental Health Services (CAMHS) Joint Strategy for County Durham is currently being developed by local Clinical Commissioning Groups and Durham County Council as an short-term measure whilst a more detailed piece of work is undertaken to develop a three year Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan commencing in 2015.

This interim strategy has been developed to:

- Provide strategic direction in the interim whilst further work is undertaken on longer-term priorities, based on the needs of the local population.

- Provide a cohesive approach across the partner agencies, in regard to improving the mental health and wellbeing of children and young people in County Durham.

- Ensure any work taken forward is centred on the child and family and is outcome focused.

The action plan within the document captures priority areas of focus related to children and young people's mental health and emotional wellbeing for 2014/15 as detailed within the Children and Families Plan 2014-17.

Priority
Ratify and implement the County Durham Interim CAMHS Strategy 2014-16, whilst more detailed work is undertaken to develop a three year Children & Young People's Mental Health, Emotional Wellbeing & Resilience Plan 2016-18. This will incorporate CAMHS

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[24] Resilience strategic framework for children and young people (2014-2017) Durham County Council
[25] Children, Young People and Families Plan (2014-2017) Durham County Council
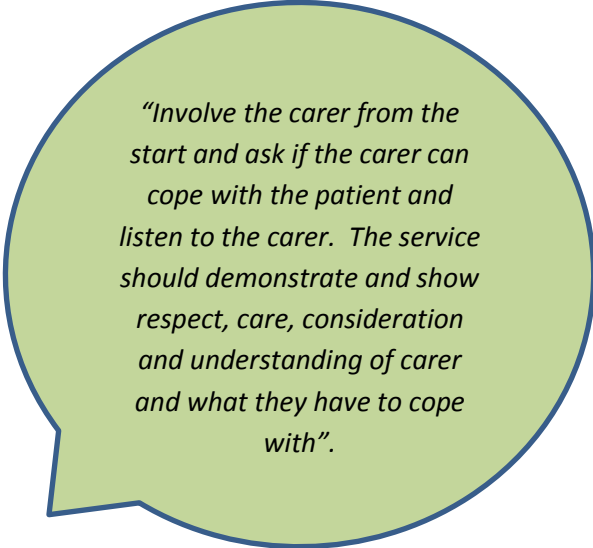
County Durham & Darlington Dementia Strategy[26]

The future needs of people with dementia and their carers need to be planned. A dementia strategy task group was set up to plan the future needs. The group took a stocktake of services, spoke to people with dementia and their carers, as well as people looking after them to identify the gaps and priorities along with what new things we need to do differently.

In the early stages of developing the strategy Healthwatch County Durham and Healthwatch Darlington engaged with various people with dementia and their carers. The draft strategy was then subjected to a public consultation.

The first Dementia Health Needs Assessment for County Durham and Darlington also commenced in April 2014 and will inform and influence the strategy as it is refreshed annually. Our aim is to ensure that the population in County Durham and Darlington have the best possible services in place for those who have dementia, their carers and families, as well as those who have not yet been diagnosed with dementia along with a focus on prevention.

"Involve the carer from the start and ask if the carer can cope with the patient and listen to the carer. The service should demonstrate and show respect, care, consideration and understanding of carer and what they have to cope with".

County Durham Carers

There are approximately 10,400 adult carers registered within County Durham and of these 20% are caring for someone with a mental health condition. Of these, 10% are caring for an adult with a mental health condition and 10% are caring for an older person with a mental health condition. During the period from April 2013 to mid-March 2014 a total of 393 carers of people with mental ill health have accessed the NHS Carer Breaks & Opportunities funding.

Young people undertake inappropriate levels of care due to a variety of reasons and complex circumstances. Resolving some of these issues requires a partnership approach, which is delivered through a Think Family model.

The Young Carer Provider supports to up to 500 young carers living in County Durham and promotes identification, recognition and early help for many more through a 'Strengthening Bridges in the Community' programme. Of these 500 young carers approximately 80% of young carers live with a parent with mild to moderate mental health needs and an increasing number care for a parent or adult with a diagnosis of moderate to severe mental health illness.

Carer awareness training sessions are delivered to a range of professionals including trainee social workers and medical students. These sessions are broad and cover mental health awareness. Progress has been made to have carers of

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[26] Co Durham & Darlington Dementia Strategy (2014)

those with a mental health problem recognised by professionals as important partners in care but there is still a lot more that can be done as carers tell us that they still don't feel valued.

One way in which we are overcoming these issues is to encourage mental health carers to become involved in local groups including the Triangle of Care and the Older Persons Involvement both in West Park Hospital and Lanchester Road Hospital. These groups give mental health carers the opportunity to put their views and concerns across, be listened to and to be involved in changes.

We would like to see more of these groups being established to enable carers to work with professionals in developing and improving mental health services.

> **Priority**
> *Through co-production involve individuals and carers more closely in decisions about the shape of future service provision*

Veterans[27]

A Veteran is defined as anyone who has been a member of the serving Armed Forces for a day or more. There are approximately 4.8 million veterans in the UK (just under 4 million in England). All should be registered with a NHS GP Practice.

The Department of Health (DoH) and the Ministry of Defence (MOD) have launched the first of a number of pilots designed to ensure that NHS health professionals have appropriate support and available expertise they may need to treat veterans with mental health problems. The four UK health departments, the Ministry of Defence, and the charity Combat Stress, have been working together closely to develop and pilot a new model of community based mental health care.

Centred on the client and GP, these arrangements will make it easier for veterans with concerns about their mental health to seek and access help. The pilot will provide veterans with a service, led by a Community Veterans' Mental Health Therapist that will offer understanding of the particular issues for those who have served in the Armed Forces.

> **Priority**
> *Work together to find ways that will support the armed services community who have poor mental or physical health*

Learning Disabilities

It is estimated that there are approximately 1.2 million people in England who have some form of learning disability. It is well documented that for many people with a learning disability this means significantly poorer health and the risk of dying younger. Access to healthcare through the use of reasonable adjustments and the delivery of annual health checks can identify early indications of illness, many of

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[27] Veterans UK, Ministry of Defence Announcement

which risk going undetected, often due to the lack of understanding of many of the issues faced by people with a learning disability.

In County Durham people are working together to improve access to healthcare, this includes; accessing the annual health check, hospitals, and other community services such as opticians, dentists and pharmacies.

Tees Esk & Wear Valley NHS Foundation Trust (TEWV) provide community and inpatient specialist assessment and treatment services to people with learning disabilities and mental health problems, autism, epilepsy and challenging behaviour. Tees Esk & Wear Valley NHS Foundation Trust, in partnership with Durham County Council provides integrated social care and health teams. These teams offer care co-ordination for people with Mental Health and/or Learning Disability needs

> **FACT**
>
> Self-harm statistics for the UK show one of the highest rates in Europe: 400 per 100,000 population.

People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence found in those without learning disabilities. The percentage of adults aged 18 years and over with learning disabilities (2011/12) within County Durham is 0.57% which is higher than the England average of 0.45%.

The incidence of children with mild to severe learning disabilities is expected to rise by 1% year on year for the next 15 years due to a number of factors and 40% of these children have a diagnosable mental health problem. Across County Durham there are approximately 1000 children and young people with a learning disability and of these 390 will have mental ill-health, rising to 450 over the next 5 years.

A growth in the size of the population aged 65 years and over is expected which will increase the numbers of adults with a learning disability. As adults with a learning disability grow older, their carers will also grow older and will therefore be more likely to need services themselves. There is evidence that adults with a learning disability are more likely to be affected by dementia than people without a learning disability.

Perinatal Mental Health[28]

To ensure the best start in life for children maternal mental health is a key priority in County Durham. Developments in this area will be explored with stakeholders as part of the tier one emotional wellbeing work for children and young people, being taken forward by Public Health.

Perinatal Mental Health Services are concerned with the prevention, detection and management of perinatal mental health problems that complicate pregnancy and the postpartum year. These include both new onset and recurrences of previous problems in women who have been well for some time, and those with mental health problems before they became pregnant.   Promoting emotional and physical

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[28] Joint Commissioning Panel for Mental Health: Guidance for Commissioners of Perinatal Mental Health Services (2012)

wellbeing and development of the infant is central to perinatal mental health services.

Perinatal mental health problems include a range of disorders and severities which present in a variety of health settings and are currently managed by many different services. Some of these services are specifically designed to meet the needs of pregnant and postpartum women and their infants.

The current range of Service Provision

This section explains the range of services commissioned and provided by NHS England, Clinical Commissioning Groups and Durham County Council.

Although the NHS has traditionally been the predominant provider of local mental health services, a number of independent and voluntary sector organisations have played a key part in delivering specific services to complement those in the statutory sector. This was highlighted in the scoping exercise the Task & Finish Group undertook and demonstrated that there is a range of services currently available from numerous service providers.
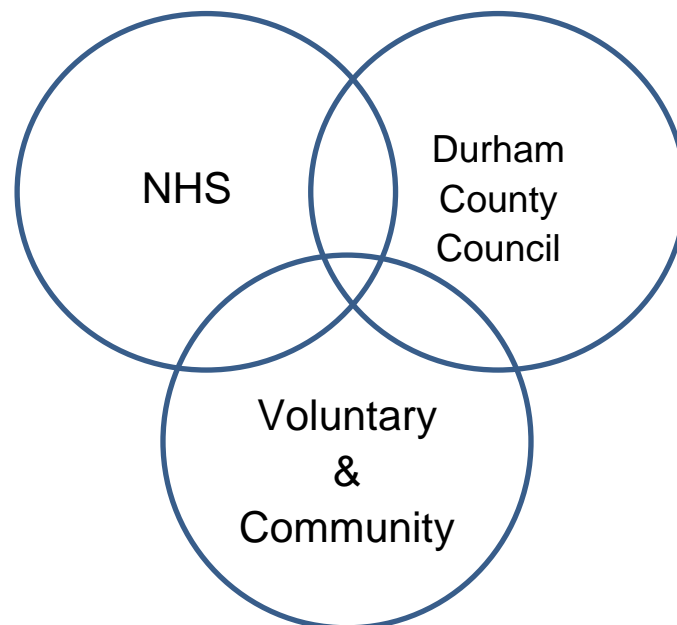
Local Authority

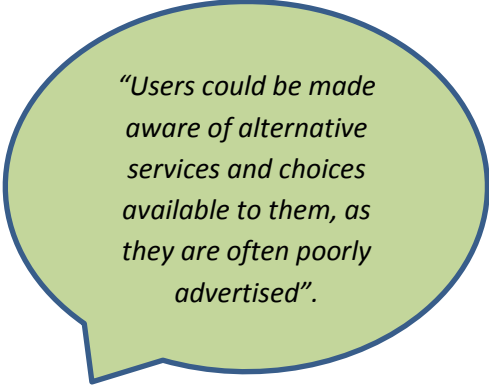Durham County Council has developed a number of Mental Health services in the community. Some of these are delivered through the in-house 'County Durham Care & Support'. Others are provided by a number of Voluntary Community Sector services and Independent Sector Organisations across the county, who may be funded by both the Local Authority and the NHS.

The types of service provided include the following;

- Integrated mental health Social Work/Care Co-ordination teams covering each locality area
- Specialist residential care
- Supported living
- Outreach and Community-based floating support
- Domiciliary Care
- Post Diagnosis support for people with autism
- Services for Older People with mental health/Dementia issues
- Service-user led groups including Cree or Men's Sheds/Dementia Cafes & My Space
- Day care & drop in/Social access groups
- Volunteering and peer support
- Education/Employment/Training Support
- Specialist Advocacy
- Community Wellbeing Support Service
- Social Prescribing
- Looked after children service including Full Circle

"Users could be made aware of alternative services and choices available to them, as they are often poorly advertised".

In addition the council is promoting the development of an increasing number of personalised, individual service options which are funded thought Direct Payments.

> ***Priority***
> *To ensure close working with all County Durham partnership groups that have an impact on Mental Health issues*

Clinical Commissioning Groups & NHS Foundation Trust

The Clinical Commissioning Group's commission the majority of mental health services from Tees, Esk & Wear Valleys NHS Foundation Trust.

The Trust provide community and inpatient mental health services for adults of working age in partnership with social care and a wide range of voluntary and independent service providers. The Trust treats patients with psychotic illnesses and also those with affective illnesses, such as depression, anxiety and compulsive disorders.

Primary and secondary care is often referred to within mental health services. Below is a brief explanation of what is meant by each term:

- Primary mental health services mainly provide support for people with mild to moderate mental health conditions, such as depression and anxiety. However, these services can also support people with some of the more severe mental health conditions if they are not at risk of harming themselves or others. GPs are usually the first point of contact for people with mild to moderate mental health conditions.

- Secondary (or specialist) mental health services provide support for people with severe and complex mental health conditions, such as schizophrenia and bi-polar. They also support people with other mental health conditions if they are at risk of harming themselves or others.

There are two main hospitals within County Durham & Darlington; Lanchester Road Hospital in Durham and West Park Hospital in Darlington.

Services include:

- A wide range of community based assessment and treatment services including primary care, liaison, crisis intervention, assertive outreach, community affective disorders and psychosis teams and eating disorders; mental health services for people with a sensory impairment (deafness) and Attention Deficit Hyperactivity Disorder (ADHD) are also provided

  "The service from the team is great, however getting the service took several years".

- Inpatient assessment and treatment services, including acute, intensive care, challenging behaviour and rehabilitation services

- Primary care psychological therapies (working with partners)

- The specialist regional North East and North Cumbria eating disorder inpatient services for adults, with "step up" and "step down" day hospital services for County Durham and Darlington patients

- Inpatient services as part of a national consortium and community based services to military veterans

- Tees, Esk and Wear Valleys NHS Foundation Trust is committed to delivering recovery orientated services and has developed a three years strategy aimed at embedding recovery principles into their policy and practice

- The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme that aims to improve existing services working in the community. CYP IAPT will benefit CAMHS services, in terms of capacity building. It is different to adult IAPT as it does not create standalone services.
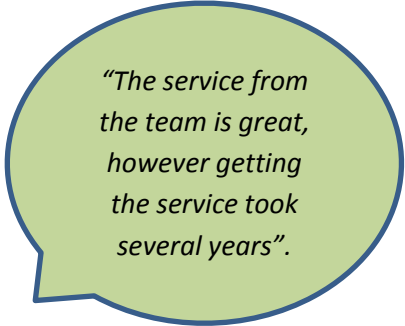
Priority
Improve the awareness of the range of service provision available to General Practices and improve the accessibility and uptake to these services
`Priority
Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment
Priority
Continue to improve access to psychological therapies and other interventions

> ***Priority***
> *Improve experience of hospital discharge processes*

Voluntary and Community Sector

There are many voluntary and community organisations within County Durham providing treatment and support for people with mental health issues. Some people prefer to seek help from an organisation separate from the NHS and the voluntary sector provides many alternative options. Most, but not all, voluntary sector services work on a self-referral basis, so that individuals can approach the organisation themselves without the need for a referral from a GP or other worker.

Voluntary and Community Sector organisations operate in diverse and wide-ranging fields including many that work in health and social care, community leisure and recreation activities, environmental work, arts, sport, education, campaigning and advocacy and many are faith based organisations.

Many voluntary sector organisations are more specialised in what they provide, such as advocacy and supported accommodation, as well as help for carers, minority ethnic communities and women. Others are focused around a particular activity, such as gardening or employment.

Some community led organisations have a good understanding of local need and as a result they are better placed or more able than the larger statutory agencies to engage with communities. Many organisations have developed innovative ways of working to help people, such as through peer support or providing wellbeing activities within the community.

> ***Priority***
> *Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation*

Recovery

Recovery in this instance equates to personal recovery and is a different concept to clinical recovery, which is focused on the absence of symptoms and 'returning to normal'. Personal recovery is considered to be individually defined and is about living a satisfying and meaningful life, with or without symptoms.

A recent review of the recovery literature identified five components that have a significant role in most people's recovery, namely:

- Connectedness (relationships)
- Hope
- Identity (beyond a diagnosis or service user)
- Meaning and purpose to life
- Empowerment

FACT

1 in 4 people will experience some kind of mental health problem in the course of a year.

These five factors are known collectively as the CHIME framework.

Services that are recovery orientated focus on the individual goals of individuals, recognising and building on their personal strengths, foster self-management and offer a range of opportunities for individuals to find meaning in their lives. Co-production, learning from and working with people with lived experience of mental health to develop and deliver services should be at the heart of genuine recovery focused approach.
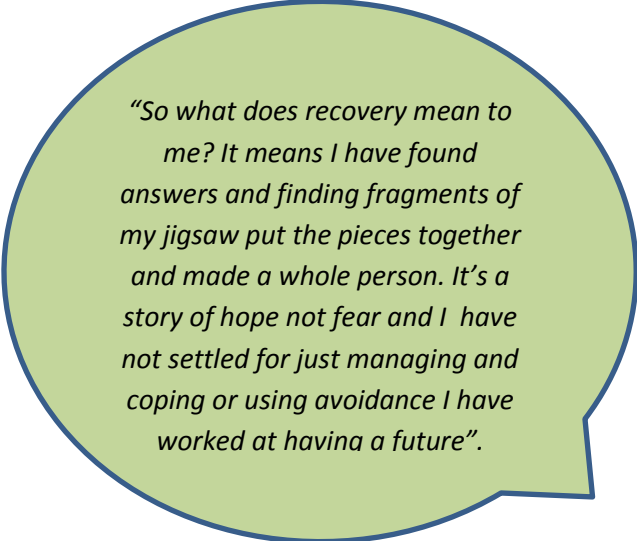
> ### Priority
> *Ensure that all services adopt a recovery orientated approach and use validated recovery measures to evaluate outcomes*

Recovery has been described as:

"...a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond catastrophic effects of mental illness". [29]

Recovery challenges conventional approaches to treating mental ill health. It is consistent with the government's vision and takes a more holistic approach to mental wellbeing and health improvement, rather than addressing mental illness in isolation from other important factors in people's lives.

"So what does recovery mean to me? It means I have found answers and finding fragments of my jigsaw put the pieces together and made a whole person. It's a story of hope not fear and I have not settled for just managing and coping or using avoidance I have worked at having a future".

We know that current and former service users can help to support people who experience problems with their mental health. Peer Support is one way of helping people recover from mental distress and its impact on their lives. It enables people to provide knowledge, experience, and emotional, social or practical help to each other. Peer support relies on the assets, skills and knowledge in the community, and the recognition that local people can offer help in ways that are sometimes more effective than professional help.

As part of the Recovery Principles Strategy the Trust is working in partnership with service users, Durham County Council and a number of Voluntary and Community sector organisations to set up a Recovery College in County Durham. This college will be co-produced with those with lived experience of mental health, offering training opportunities for people with mental health difficulties to gain a better understanding of their difficulties and how to manage them as well as providing

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[29] Anthony WA (1993). *Recovery from mental illness: the guiding vision of the mental health service system in the 1990s.* Psychosocial Rehabilitation Journal 16(4): 11-23.

opportunities to learn from others with similar experiences to develop a meaningful and fulfilling life beyond mental illness.

> **Priority**
> Implement the Recovery College to offer training opportunities for people with mental health difficulties to gain a better understanding of their difficulties and how to manage them as well as providing opportunities to learn from others with similar experiences

Child & Adolescent Mental Health Service (CAMHS)

The term CAMHS is used as a broad concept embracing all services that contribute to the mental health and emotional wellbeing and care of children and young people, whether provided by health, education, social services or other agencies. The structure of CAMHS is often explained in terms of how a child or young person accesses the service, with four 'tiers' of service provision.

Tier 1 Universal Services

Universal services are accessible by all children and young people; and include general practitioners, primary care services, health visitors, schools and early years provision. The mental health role of universal services is to promote positive mental health and wellbeing and to help identify, refer on and support those children who may require input from targeted or specialist services.

Tier 2 Targeted Services

FACT

About 10% of children have a mental health problem at any one time.

Targeted services are for children and young people who may be considered to have specific identified mental health needs and/or to be vulnerable, where some low intensity monitoring/interventions may be required. Service settings include universal settings, but the provision is aimed at identified groups, not the whole population.

Within County Durham, primary mental health workers (as outreach from Tier 3 CAMHS) work with the child or young person directly or indirectly by supporting professionals working in universal services.

Tier 2 services include an emotional health and wellbeing service, which includes specialist educational psychologists, specialist mental health advisory teachers and counsellors. The service promotes the emotional health and wellbeing of young people in schools; improves access to psychological therapies through the delivery of evidence based interventions across universal, targeted and specialist settings and develops capacity of staff within schools to identify and meet the needs of vulnerable young people.

In addition, community paediatrics and child health services may see children with developmental disorders and attention deficit hyperactivity disorder (ADHD), with

children and young people with more complex problems being referred into Tier 3 services.

Tier 3 - Specialist Services

Specialist CAMHS services are for children and young people with identified complex and/or high levels of need or mental health problems. These services are provided by multi-disciplinary teams of child and adolescent mental health professionals providing a range of interventions.

> **FACT**
>
> There is a wider economic impact of mental health; full costs in England have been estimated to be £105.2 billion a year.

In County Durham specialist CAMHS includes teams with specific remits to provide for children and young people including learning disability.

Other areas of provision include: community forensic CAMHS and paediatric liaison providing CAMHS input to children and young people in acute care settings.

Tier 4 – Highly Specialist Services

Tier 4 services are the most specialised elements of CAMHS provision and are commissioned by NHS England. Services are part of a highly specialist pathway and provide for a level of complexity that cannot be provided for by comprehensive secondary, Tier 3 community services. It is generally the complexity and severity rather than the nature of the disorder that determines the need for specialist care.

Tier 4 services include inpatient services for children and adolescents and specialist services that are provided at a regional rather than local level. Inpatient assessment and treatment and low secure services being provided at West Lane Hospital in Middlesbrough. West Lane Hospital is also the base for the specialist regional North East and North Cumbria eating disorder inpatient service for children and young people.

Although the four tier model provides a useful framework for understanding comprehensive CAMHS it is important to recognise that children and services rarely fall neatly into one tier. Children and young people may enter the system at any point and do not necessarily move up the tiers. Therefore, two services may span multiple tiers.

Health & Justice, North East & Cumbria

Forensic services are specialist services which treat patients referred by the criminal justice system because of mental health or learning disabilities conditions which have been a factor driving their offending. Tees, Esk & Wear Valley NHS Foundation Trust provide community, inpatient and rehabilitation forensic services for people with mental health problems and/or learning disabilities.

Inpatient services, including medium and low secure environments are based at Roseberry Park in Middlesbrough with step down units in Lanchester Road Hospital in County Durham and community rehabilitation services for people with learning disabilities at Oakwood in Middlesbrough. Community forensic services including

criminal justice liaison services that work across the whole offending behaviour pathway, for example street triage in Middlesbrough and the mental health service within all seven North East prisons are also provided.

The Clinical Commissioning Group's also have contracts with independent hospitals both in and out of the area.   These provisions are utilised to support the most complex cases and offer a range of interventions.

Offenders are more likely to smoke, misuse drugs and/or alcohol, and/or suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population. Nearly half of all prisoners have anxiety or depression and nearly a third of all 13 to 18 year olds who offend have a mental health issue. For many offenders who have a mental health issue or vulnerability, prison can make their situation worse.

A high proportion of both boys and girls in secure settings have mental health needs and substance misuse issues. Approximately half of all deaths in or following police custody involve detainees with some form of mental health problem. 72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders.

Section 15 of the Health and Social Care Act 2012 gives the Secretary of State the power to require NHS England to commission certain services instead of Clinical Commissioning Groups. These include "services or facilities for persons who are detained in a prison or in other accommodation of a prescribed description".

It is NHS England's responsibility to directly commission health services or facilities for persons who are detained in prison or in other secure accommodation and for victims of sexual assault. NHS England carries out this function through 10 Health and Justice host area teams on behalf of the 27 area teams across England.

NHS England is responsible for planning, securing and monitoring an agreed set of services for:

- Prisons
- Young Offender Institutions (YOIs)
- Immigration Removal Centres
- Secure Training Centres
- Secure Children's Homes
- Police Custody Suites
- Court Liaison and Diversion Services
- Sexual Assault Services

FACT

Only 1 in 10 prisoners has no mental disorder.

NHS England is also responsible for specialised commissioning, for people who require a secure setting within a hospital. This is hosted by Cumbria, Northumberland and Tyne & Wear area team.

Primary Care Development

The National Institute for Health and Care Excellence (NICE) approved talking therapies cover a number of services ranging from counselling to primary care psychology. NHS England's programme of Improving Access to Psychological Therapies (IAPT) currently defines that Clinical Commissioning Group's must ensure that a proportion of the population should receive NICE approved therapeutic input to ensure recovery from primary care mental health conditions.

Across County Durham and Darlington there are 41 contracts across 30 individual providers of talking therapies. The structure of therapy available is diverse and varies significantly across localities. In some cases patient choice is restricted and there has been duplication identified in the access pathways.

Each Clinical Commissioning Group has approved a "case for change" paper and an engagement process will be developed to consult on a proposed new model for 2015/16. The focus of this model will be to streamline access into services, improve patient choice, provide stepped care and reduce waiting times for therapy during a period of increasing demand.

Research

There is an underpinning principle to the implementation plan of using evidence based practice to information interventions and programmes.

Mental health research is becoming increasingly enshrined in care delivery of Tees, Esk and Wear Valleys NHS Foundation Trust. The growth of research within the Trust is underpinned by collaborative partnership with Durham University, where strategic research priorities of primary care, youth mental health and drug safety are supported.

Mental health research has added complexity to that of other disease areas due to associated consenting and retention issues. This makes robust links between primary and secondary care all the more necessary in order to deliver quality research as integral to the best patient experience. Working across care sectors through robust research partnerships is the aim of the new Clinical Research Network structures of the National Institute of Healthcare Research.

Funding

No other health condition matches mental ill health in the combined extent of prevalence, persistence and breadth of impact[30]. The annual cost of mental ill-health in England is estimated at £105 billion[31]. By comparison, the total costs of obesity to the UK economy is £16 billion a year[32] and cardiovascular disease £31 billion[33].

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[30] Promoting mental health & preventing mental illness, Freidli, L & Parsonage, M (2009)

[31] The Economic and Social Costs of Mental Health Problems in 2009/10 (2010) Centre for Mental Health

[32] Tackling obesities: future choices (2007) Project report Government Office for Science Foresight

[33] Prevention of cardiovascular disease at population level (2010) NICE

County Durham Clinical Commissioning Groups are actively involved in the development of a Clinical Quality and Innovation Scheme (CQUIN) which operates across the wider Tees Esk and Wear Valley area. Nationally mandated schemes are supplemented by local incentives which are jointly developed by Providers and Commissioners. CQUIN is used to continuously improve and drive the quality or services though financial incentives which, in total amount to 2.5% of the contractual value.

During 2014/15 the scheme has ten indicators, three of which are nationally defined and seven that have been developed locally. These cover a diverse range of services and in most cases are closely linked to the No Health without Mental Health strategy. The schemes are developed on an annual basis with indicators from the previous year moving into the generic requirements of the contract and others being further developed in the following year's scheme.

The Implementation Plan sets out to ensure that we are using existing funding efficiently and effectively to commission quality mental health services which meet the needs of our communities. Ensuring we achieve value for money is vital because of the constraints on available funding in future years.

Our Priorities

The aim of our implementation plan is to reflect the No Health without Mental Health outcomes strategy objectives into our local area. The priorities have been developed by the Task & Finish Group following the information gathering exercises and its analysis.

The priorities can be seen throughout the document and are summarised in Table 1.

Implementation & Governance

The Implementation Plan will be led by the Mental Health Partnership Board which is a sub group of the Health and Wellbeing Board and is a mechanism for engagement, consultation and involvement with service users and carers to support the work of the Health and Wellbeing Board.

The Task & Finish Group will become the No Health without Mental Health Implementation Group and be responsible for overseeing the priorities set out in this plan (Table 1). The purpose of this group is to support and drive the delivery of the priorities, oversee the work and will be accountable to the Mental Health Partnership Board. Each of the priorities has been aligned to one of the groups within the proposed governance structure, this includes:

- Countywide Service User & Carer Forum
- County Durham Mental Health Provider & Stakeholder Forum
- Public Mental Health Strategy Implementation Group
- Children and Young Peoples Mental Health & Emotional Wellbeing Group

- Mental Health Crisis Care Concordat Task Group
- Dual Diagnosis Strategy Implementation Group
- Pan CCG Mental Health and Learning Disabilities Commissioning Work stream

The Chair of each of the above groups will be required to offer the Implementation Group an update on progress of each of their priorities they are leading on using an agreed pro forma. This will help inform the group on progress as well as highlighting issues for escalation to the Mental Health partnership Board.

There will also be a reporting arrangement to the Mental Health/Learning Disabilities Joint Commissioning Group which will develop appropriate commissioning intentions.

Table 1

NHWMH Objective	Local Priorities	Lead Group
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*	1.1 Undertake an assessment of the mental health needs of the population of County Durham	Public Mental Health Strategy Implementation Group
	1.2 Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles	Public Mental Health Strategy Implementation Group
	1.3 Develop an Integrated Primary Care Model for access to talking therapies	Pan CCG Mental Health Group
	1.4 Continue to improve the emotional wellbeing of children and young people and provide effective, high quality mental health services to those who need it	Children & Young People's Mental health & Emotional Wellbeing (including CAMHS) Group
	1.5 Ratify and implement the County Durham Interim CAMHS Strategy 2014/15, whilst more detailed work is undertaken to develop a three year Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan 2015-18. This will incorporate CAMHS.	Children & Young People's Mental health & Emotional Wellbeing (including CAMHS) Group
	1.6 Implement the multi-agency Public Mental Health & Suicide Prevention Strategy for Co Durham	Public Mental Health Strategy Implementation Group
2. More people with mental health problems will recover	2.1 Work together to find ways that will support the armed services community who have poor mental or physical health	Mental Health Joint Commissioning Group

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	2.2 Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment	Pan CCG Mental Health Group
	2.3 Implement the Recovery College to offer training opportunities for people with mental health difficulties to gain a better understanding of their difficulties and how to manage them as well as providing opportunities to learn from others with similar experiences	Pan CCG Mental Health Group
	2.4 Ensure that all services adopt a Recovery orientated approach and use validated recovery measure to evaluate outcomes. By using relevant recovery related Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) enables service providers and service users to evaluate progress	Mental Health Joint Commissioning Group
		Public Mental Health Strategy Implementation Group
	2.5 Explore opportunities to embed co-production and peer support models within contracts	Mental Health Joint Commissioning Group
	2.6 Ongoing monitoring and awareness of the financial challenges and how the welfare reforms impact on the ability to access services	Co Durham Mental Health Provider & Stakeholder Forum
		Co Durham & Darlington Service User & Carer Forum
	2.7 Ensure service users and their carers have access to NICE recommended guidance and evidence based interventions	Pan CCG Mental Health Group

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*	3.1 Develop a more integrated response for people with both mental and physical health conditions	Pan CCG Mental Health Group
	3.2 Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles	Public Mental Health Strategy Implementation Group
	3.3 Ensure that people with mental health conditions have their physical health needs actively addressed	Pan CCG Mental Health Group
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*	4.1 Continue to improve access to psychological therapies and other interventions	Pan CCG Mental Health Group
	4.2 Improve experience of hospital discharge processes	Mental Health Joint Commissioning Group
	4.3 Through co-production involve individuals & carers more closely in decisions about the shape of future service provision	Co Durham Mental Health Provider & Stakeholder Forum
		Co Durham & Darlington Service User & Carer Forum
	4.4 Work together to give people greater choice and control over the services they purchase and the care that they receive	Mental Health Joint Commissioning Group

	4.5 Improve awareness of the range of service provision available to General Practices and improve the accessibility and uptake to these services	Mental Health Joint Commissioning Group
		Pan CCG Mental Health Group
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*	5.1 To co-ordinate a local response of the Crisis Care Concordat	Mental Health Crisis Care Concordat Task Group
	5.2 To develop a more extensive, accessible crisis team	Pan CCG Mental Health Group
	5.3 To ensure close working with all Co Durham partnership groups that have an impact on mental health issues	Mental Health Joint Commissioning Group
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*	6.1 Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation	Public Mental Health Strategy Implementation Group
		Co Durham Mental Health Provider & Stakeholder Forum
	6.2 Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns	Public Mental Health Strategy Implementation Group

Personal Story 1

This person was referred to the project for support into volunteer opportunities helping people and to complete some further education to improve his employment opportunities, mental health and well-being.

This person has barriers he faces on an on-going basis every day he has a diagnosis of HIV, faces discrimination within his community and as a result had suicide ideation every day with recurrent thoughts his life is over. This person advised how he felt he could overcome this and together find meaningful activities giving him a sense of purpose. Additionally this person was under threat of losing his benefits this caused him great distress and this also impacted on increased suicide ideation.

This person was supported to secure his aims of volunteering with a local Hospice, working in the Family Counselling Department; additionally he is working with the manager to develop a new project to support others with HIV and Aids, something he is extremely excited and passionate about. This person feels he doesn't have to hide his diagnosis in this environment and is fully supported by the staff.

The organisation supported this person in applying and securing a place at University to complete a Degree course in Psychology, filling out forms and securing funding for support with his dyslexia, he was successful in this and has been given the necessary aids to assist him. Additionally he has been allocated a personal tutor and mental health support worker from the university and they will provide additional assistance throughout his course with one to one support. He commenced with his course on 5th February and although he is finding it hard and wants to quit at times, however, he is continuing with his support and encouragement.

The organisation supported this person with completing his forms to secure long term DLA and he was successful in retaining full entitlement and a housing form to be re-homed away from his current address (awaiting outcome).

The organisation continue to work with this person and he has advised that because of his progression it has positively impacted on his life by reducing his suicide ideation, with the realisation he has meaning in his life through helping others.

Personal Story 2

A male in his early 50's was referred to the organisation's health trainer service via an occupational therapist to try and help improve his confidence in using a cooker independently. He was assessed and deemed safe to use the appliances within his own kitchen area. However despite the input of occupational therapy, he continued to eat unhealthily and not use his cooker to prepare meals. The Occupational Therapist (OT) had asked if the health trainer would work with him in order to give him more input to improve his diet and to increase his confidence in the kitchen. The OT had been aware of the organisation's previous healthy eating workshops and felt that the client may benefit from dedicated health trainer input.

The client had Asperger's syndrome and associated mental health difficulties and lived on his own. His mother, who previously prepared all of his meals, had been in a care home for the past two years. Since his mother has been in care he had only used a microwave to cook prepared meals. He also relied on his sisters to drop food off for him which he reheated in the microwave. He had very limited food choice due to his low confidence in cooking from scratch and not knowing what to buy from grocery stores which made him extremely anxious in public.

After an initial assessment it was evident that he was not getting enough fruit and vegetables in his diet. The health trainer identified what kind of foods he liked to eat and it was established that one of his favourite meals was spaghetti bolognaise. On their second appointment the health trainer brought along a healthy recipe for spaghetti bolognaise and supported the client to a local supermarket to cost up the ingredients and to help reduce his anxiety whilst in there. It was agreed that the following session he would have a go at cooking the meal from scratch which he successfully did.

The health trainer continued this work with the client for a couple of months and helped him to manage and cope with his anxiety through using the same familiar supermarket.

The client continues to shop on his own and at the end of his time with the health trainer service made a two course lunch at his home and invited the HT and the OT to join him proving to himself that he had achieved his goal of cooking and shopping independently.

Personal Story 3

Individual
- 45 year old male living on his own
- Diagnosed with mental health problems around seven years ago
- Formerly worked full time

Background / Presenting Problem
- Tendency to isolate himself from friends/family when mental health lapses
- Heavy smoker and occasional heavy user of alcohol
- Several visits to a crisis house for rest bite due to mental health relapses
- Very little engagement in any physical activity for a period of over a year.

Support / Intervention
- Referred to the organisation by care co-coordinator
- Referral to Health Trainer Service in 2013
- Now engages in weekly physical activities such as Gym and Badminton
- Social engagement at the centre and through weekly men's group also at the centre
- Following NHS Stop Smoking Programme provided by the Health Trainer Service

- Co-ordination between Health Trainer Service and care worker to establish better shopping and eating habits.

Results / Impact
- Improvements in physical health including weight loss and lowering of blood pressure
- Ability to make healthier lifestyle choices around diet and able to better control alcohol use
- Increased confidence in using gym equipment and public leisure facilities
- Successful attempt at quitting smoking after years of heavy smoking
- More active social life and friendships made/developed
- Accessing support services through the centre at local providers and educational institutions.

For the future
- Ongoing work with Health Trainer Service in classroom based and physical activities
- Continuing with education and building up of knowledge around his own mental health condition and staying well through local service providers and courses ran at the centre
- Attending men's Cree Group weekly to engage in social interaction and make of use services on offer such as welfare rights, help with finances and having a healthy meal.

Personal Story 4

Coming to the organisation has really helped me a lot with confidence and has changed me. Once, I never left the house, went on the bus by myself or mixed with other people, the organisation has helped me with my anxiety and depression and my understanding of them by mixing with people with the same illnesses. I love coming here, the staff are really friendly and supportive and I have made lots of new friends by attending the courses on offer. They are really helpful in learning new things and all help towards the future and my plans in what to do next. This organisation is the best place to come; I love it and the staff very much.

Personal Story 5

I have been using the service for over a year now. The reason I use the service is because I have been diagnosed with clinical depression and I did attempt suicide nearly 4 years ago, I was referred to the service by mental health professionals who said that physical activity would help my mental health, I refused to believe this at first.

My depression and suicidal thoughts led to me staying in the house and not wanting to leave or go out, hence my weight went up to 25 stone, this became my normal way of life and I would sit in the house and cry and be snappy and angry with anyone who came in to the house including family members, this deteriorated overtime and caused loads of arguments.

Since working with the Physical Activity service I have lost over 8 stone gradually and I am still losing weight, I have never been judged by anyone at the organisation and I have always been comfortable with the way I have been supported to achieve my goals. Through the fantastic support I get off all the staff not only has my weight decreased but my depression is subsiding and I feel a lot better in myself and my family life has improved.

I take part in the activities 4 day per week, playing badminton on a Tuesday, I attend Happy Wednesdays at Seaham and Happy Thursdays at Peterlee, we do a wide range of activities, i.e. Badminton, Bowls, Table Tennis, Short Tennis, Curling, Boccia, etc we also have board games, and it's great to meet new people and sit and chat in between activities, I have had a lot of support and encouragement from the staff and this has inspired me to do well. I wouldn't be where I am today in my life, my mental health issues are getting better and I am now in a position to cope with my depression, my family have also given me great support and encouraged me to take part in the groups and the physical activity and this has made us all much happier at home.

The staff has made such a difference to me and my family, I feel in a much better place than I was, I love going to the groups and doing exercise and meeting new people in a relaxed friendly environment that I feel safe in.

I would just like to say a big THANK YOU to the staff for the cracking job that they do and I can't compliment their service enough, I don't snap or get angry as much these days, I still have bad days and my depression hasn't gone, but I have lost weight and I am stable and with the support and keeping up with the physical activities I haven't got time to think about bad things and am mostly kept busy with the activities, I take part in. The staff have linked me in to other groups and activities such as the "Shape Up Activity" where we learn about how our bodies work and what portion size to eat and what to eat and when to eat, we also are shown relaxation methods and exercises "Its Fun" and interesting and I know that socially it's good for me.

With me attending the activity sessions and groups, my wife now comes along and that has helped her understand and come to terms with my illness and helps her with her mental health issues, my son has now been referred in to the organisation and this provides him with support for his depression, my son in law is seeing the impact this support is having on the family as a whole and he is going to attend. In the groups we get support with our mental health but also our general wellbeing

Another big step in my recovery is that I am now a volunteer for the Physical activity Service, I volunteer 4 days a week and it is so rewarding I get a lot out of it as well as keeping my self-fit, I enjoy meeting new people on the service as I know what they feel like and I enjoy helping them settle in and helping them to feel relaxed and enjoy themselves.

Personal Story 6

When I was growing up I perceived myself as different; I was withdrawn, found it difficult to socialise and maintain friendships and anxious. This wasn't to improve as I matured and when I was sixteen my life was about to change course drastically for

myself and my family; I was diagnosed with paranoid schizophrenia. At the time I was alone different from my contemporaries who seemed to achieving their goals I was on a different journey, a journey of self –discovery and a crash course in the mental health system. But it wasn't just devastating to myself my whole family were being dragged along in this destructive illness.

At sixteen, you don't expect to be walking the wards of a mental hospital in which, I deluded myself I was different but we were all people trying to cope with a debilitating illness. I felt I was a patient not a person my right to live a responsible life had been replaced with fear of who I was and what I may be capable of. But I quickly recognised I was ill after taking the medication which didn't eliminate my symptoms but helped me manage them. Although they seemed a bit of a catch 22, I put on weight became impotent and almost like being in a chemical straight jacket. I was thrown into day centres which made me feel even more like a patient and was crying out so called normality. I think what saved me at this time was I was always a conformist, I had an insight and I was open to talk about it to anyone who would listen. So I accepted my new situation and I adapted to it but I wanted to make myself functional and whole living a fulfilling life I wanted to make a difference to my lifestyle and I wanted a future outside the world of mental illness.

I came to Barnard Castle after years of struggling, it felt like I had no choices in the NHS and nobody took the time to look behind the wall I had put up to protect myself and I was dehumanised by some. It isn't always the spoken word that can reveal a person's stresses or turmoil, but if don't try to unlock the clues, then how can you solve the puzzle that is before you. But slowly I was given choices about my medication, listened to and I began to see small differences to my life there was a light glimmering at the end of my tunnel. I lost weight which boosted my self-confidence through exercise with the change of medication given CBT which helped with my ingrained behavioural traits due to years of voices and intrusive thoughts and I sought a relationship which intern opened my horizons and experiences. But I think what had been one of the foundations of my recovery was when I was taken out of my dysfunctional situation (probably due to my destructive illness) given my independence in my own home through the organisation and became part of their progressive organisation as a volunteer.

The organisation presented me with opportunities and the tools to empower myself to make a difference. They slowly encouraged me through my support workers to build on the qualities I already had but probably didn't realise it. It wasn't them and us we are a community working together towards improving people's lives with mental health that so many stigmatise and belittle their role in society. So being a volunteer gave me responsibility, an outlet for my lived experiences and the tools to improve my well- being and self –esteem. We have moved together so far but I think the thing that has made the biggest difference is studying Intentional Peer Support, The Wellness Recovery Action Plan and Mental Health First Aid alongside an NVQ in Health and Social Care. I think studying these gave structure to how we delivered our volunteering and something that made a positive impact on our own mental health perspective. I now see myself as a capable adult not a mental health patient or someone with a label. I am responsible with my illness and at the same time contributing and with intentional peer support giving something back through lived experience to those starting their journey and also validating my own life experience.

So what does recovery mean to me? It means I have found answers and finding fragments of my jigsaw put the pieces together and made a whole person. It's a story of hope not fear and I am have not settled for just managing and coping or using avoidance I have worked at having a future. We can see ourselves as fragile, be angry and resentful of our situation or we can accept, adapt and take positive risks and make ourselves resilient. There is only one person who can do this that's yourself but with support of your peers what seems impossible is achievable. So why settle for second best which is mental illness you have one life give it a future.

Personal Story 7

One Young Carer receiving support said that they were happy to have their words shared because they would like to help other young people who might be affected by similar situations and that they want to raise awareness about the impact that parental mental health has on the young person.

A 17 year old female who cares for her mother who has a diagnoses of fibromyalgia and depression.

<u>Do you feel as though you have been emotionally impacted by your mams mental health?</u>

"I hate it. It's hard not to get frustrated and I need to remember that it's her mental illness and not her who is deliberately forgetting stuff. I feel like it gets harder as I get older, she forgets more and it puts a big strain on our relationship. Now I'm older I do know more about her depression, but it's still hard. You need to know about it to deal with it. If you don't know then you don't know how to help. When I was younger I felt confused because I didn't understand why she would forget important stuff about me or anyone else".

<u>Do you feel as though this has an impact on school?</u>

"I felt out of it a lot at school. When I was in school I wasn't concentrating, and when I was out of school I would never think about school. School just didn't feel like my priority. School really stressed me out because they were always on my back. I know that they had to be on my back because my attendance was low, and I even understood at the time, I just had so much on my mind. Going to school just wasn't my priority. My work was good, my grades were good enough and I did quite a lot of work at home. When I went to school I would worry about my mam, sometimes I would just leave school through the middle of the day in a panic that she might have forgotten to do something important, or that she wasn't ok."

"Then people started rumours at school about me because my attendance was so low. They didn't realise that I was looking after my mam, they said I was anorexic. This made it really hard to go back to school. I did have problems with my eating and the rumours and gossip made it worse. It was really hard".

"I had the attendance officer on my back a lot and this could feel patronising. This would stress my mam out, and then I would have to deal with my mam, and then this would stress me out".

Do you feel like your mam's mental health impacted you socially?

"Yeah it did. I had one friend in school who I could speak to and who understood me. But all the other friends just joined in the rumours. They said that I had a disease, that I was pregnant and more stuff about anorexia. Now that I've finished school I don't really have many friends. I don't go out much and I have social anxiety, I get anxious about a lot of things. I have made some friends through being supported by Young Carers, but it is still a struggle. I can push people away, if I don't see them then I don't see the point, this happens because I feel like I can't leave the house sometimes because I freak out. I have ups and downs and sometimes feel fine to go out, other times I can't at all".

Do you feel like parental mental health has had an impact on your family relationships?

"Yes, I used to argue with my younger brother because he used to believe everything my mam would say. He has grown up now and matured and can see that not everything mam says is true. So now we don't clash as much as we used to. He understands more. I get on really well with my older sister. She understand exactly how I feel because she was my mams carer first, she had it the hardest. She understands what me and my brother go through. I don't get on as well with my mam as I used to, she can sprout lies about me to the rest of the family, and this makes tension between me and my mam and the rest of the family".

How do you feel about the work you have done with the Young Carers Service?

"Young Carers have done loads. They have helped with my social anxiety. I have been to London and met new friends. I feel like I have been able to relate to the other young people that I have met. I have been on a train and been to York with them, I have got to go to places I would never have been to before. It's felt really good to be a part of, I have experienced new things, I got to speak to MP's and had the chance to have my thoughts heard. I feel much more tolerant of people when I am out now, I used to be quite closed minded and even a little bit racist. But now I'm not at all, I'm much more open-minded through meeting new people and hearing about other people's situations. This has totally changed my views. I sometimes feel better in myself. Before I got involved with the Young Carers, I felt very sorry for myself, but now I have met other young people and it's opened my eyes. There are really young people doing so much for the people they care for and they are really happy, it has helped put a lot of things into perspective. So, I have realised that I could opt out of it and make changes for myself and stop feeling so sorry for myself."

Glossary

Our glossary lists some website links which may be useful to explain some of the terminology used within the document and to seek further information about the documents we have referred to.

Useful Websites

Mental Health A to Z
http://www.mind.org.uk/information-support/mental-health-a-z/

Types of Mental Health Problems
http://www.mind.org.uk/information-support/types-of-mental-health-problems/?gclid=CPmEn8yN6rwCFfLHtAod130Atg

A guide to Mental Health terminology
http://www.health.vic.gov.au/mentalhealth/termnlgy.htm

Mental Health: The Facts
http://www.health.vic.gov.au/mentalhealth/termnlgy.htm

North Durham Clinical Commissioning Group (ND CCG)
http://www.northdurhamccg.nhs.uk/

Durham Dales Easington & Sedgefield Clinical Commissioning Group (DDES CCG)
http://www.durhamdaleseasingtonsedgefieldccg.nhs.uk/

North of England Commissioning Support (NECS)
http://www.necsu.nhs.uk/

Durham County Council
http://www.durham.gov.uk/

Footnotes

1. Co-production: an emerging evidence base for adult social care transformation (2012) Social Care Institute for Excellence
www.scie.org.uk/publications

2. No Health without Public Mental Health, (2010) Royal College of Psychiatrists
http://www.rcpsych.ac.uk/PDF/Position%20Statement%204%20website.pdf

3. No Health without Mental Health (2011) HM Government
https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

4. No Health without Mental Health, mental health dashboard, (2013) HM Government https://www.gov.uk/government/publications/mental-health-dashboard

5. The Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

6. Children & Families Act (2014) HM Government
http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

7. Closing the Gap: Priorities for essential change in mental health (2014) HM
Government
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/28125
0/Closing_the_gap_V2_-_17_Feb_2014.pdf

8. Mental Health Crisis Care Concordat: Improving Outcomes for people
experiencing mental health crisis (2014) HM Government
https://www.gov.uk/government/publications/mental-health-crisis-care-agreement

9. Whole person care: from rhetoric to reality (Achieving parity of esteem between
mental and physical health) 2013 RCP
http://www.rcpsych.ac.uk/files/pdfversion/OP88xx.pdf

10. A Call to Action: Achieving parity of Esteem; Transformative ideas for
commissioners (2013) NHS England http://www.england.nhs.uk/wp-
content/uploads/2014/02/nhs-parity.pdf

11. Recognised, valued & supported: next steps for the Carers Strategy (2010) HM
Government https://www.gov.uk/government/publications/recognised-valued-and-
supported-next-steps-for-the-carers-strategy

12. The Spending Round 2013
https://www.gov.uk/government/topical-events/spending-round-2013

13. Transforming care: A national response to Winterbourne View Hospital (2012)
HM Government https://www.gov.uk/government/publications/winterbourne-view-
hospital-department-of-health-review-and-response

14. Welfare Reform Act 2012
http://www.legislation.gov.uk/ukpga/2012/5/contents/enacted

15. Removing barriers: the facts about mental health and employment Centre for
Mental health (2009)
http://www.centreformentalhealth.org.uk/pdfs/briefing40_Removing_barriers_employ
ment_mental_health.pdf

16. Building Homelessness Prevention Practice: COMBINING RESEARCH
EVIDENCE AND PROFESSIONAL KNOWLEDGE: Maureen Crane, Ruby Fu and
Anthony M. Warnes, Sheffield Institute for Studies on Ageing, University of Sheffield
June 2004
http://www.kcl.ac.uk/sspp/kpi/scwru/pubs/2004/Crane-et-al-2004-Homeless-
prevention.pdf

17. Melvin P (2004) A Nursing Service for homeless people with Mental Health Problems. Mental Health Practice, vol 7 no 8

18. Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services (2012) www.jcpmh.info

19. Community Mental Health Profile for County Durham (2013) http://www.nepho.org.uk/cmhp/

20. Co Durham Joint Health & Wellbeing Strategy http://content.durham.gov.uk/PDFRepository/County-Durham-Joint-Health-and-Wellbeing-Strategy-2014-2017.pdf

21. Co Durham Joint Strategic Needs Assessment http://content.durham.gov.uk/PDFRepository/FINAL_JSNA_2013.pdf

22. Co Durham Public Mental Health Strategy http://democracy.durham.gov.uk/documents/s35630/Item%208b%20-%20Public%20Mental%20Health%20Strategy.pdf

23. Co Durham & Darlington Dual Diagnosis
Not yet published, in draft form awaiting sign off

24. Resilience strategic framework for children and young people (2014-2017) Durham County Council
Not yet published, in draft form awaiting sign off

25. Children, Young People and Families Plan (2014-2017) Durham County Council
Children Young People and Families Plan

26. Co Durham & Darlington Dementia Strategy
No yet published, in draft form awaiting sign off

27. Veteran Care http://www.veterans-uk.info/mental_health/announcement.html

28. Joint Commissioning Panel for Mental Health, Guidance for commissioners of perinatal mental health services (2012) www.jcpmh.info

29. Anthony WA (1993). Recovery from mental health illness: the guiding vision of the mental health service system in the 1990s. Psychosocial Rehabilitation Journal 16 (4): 11-23 http://www.psykiatri-regionh.dk/NR/rdonlyres/76749557-0ABA-41C2-B560-F33D9511644A/0/recovery_from_mental_llness.pdf

30. Promoting mental health & Preventing mental illness, Freidli, L & Parsonage, M (2009)
http://www.publicmentalhealth.org/Documents/749/Promoting%20Mental%20Health%20Report%20(English).pdf

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http://www.centreformentalhealth.org.uk/pdfs/economic_and_social_costs_2010.pdf

32. Tackling obesities: future choices (2007) Project report Government Office for Science Foresight https://www.gov.uk/government/collections/tackling-obesities-future-choices

33. Prevention of cardiovascular disease at population level (2010) NICE
http://guidance.nice.org.uk/PH25