Sandwell Better Mental Health Strategy 2023-2026

DRAFT

Contents

Background 3

Our vision and strategy for Sandwell 4

Strategy development 4

Strategy priorities and principles 5

Strategic and policy drivers 6

Local and national context 7

Overview of rates and trends 7

Suicide and self-harm 7

Children and young people 8

Mental health inequalities 9

Loneliness and social isolation 12

Stakeholder engagement 14

Governance 16

Overview of strategies, boards, and partnerships involved 17

Models of mental health provision in Sandwell 18

Children & young people (0-18) 18

Adults over 18 19

Service Mapping 20

Sandwell Better Mental Health Programme 21

Better Mental Health Programme legacy 22

Recommendations 23

DRAFT

Background

Good mental health is integral to overall health, and to promoting wellbeing in individuals, families, and communities.

Since the publication of the cross-Government strategy *No Health Without Mental Health* in 2011,[1] there has been considerable progress in both national and local approaches to public mental health. The narrative has shifted away from a traditionally deficit-focused approach focusing solely on mental ill health, and towards a more social, asset-based model that recognises the importance of the social determinants of health and wellbeing – the conditions in which we are born, live, grow, work and age. [2]

In 2019 the *State of Sandwell* report was produced by Changing Our Lives, working with the Mental Health Parliament, and overseen by the Health and Wellbeing Board. The report was developed through working with local residents of all ages and backgrounds, giving a voice to people to tell their stories of their experiences of mental health services in Sandwell and how they thought things could be made better. The report highlighted the need to work together to address the gap that still exists between physical and mental health, and the role of communities and wider public services in promoting wellbeing.

A strong message from people's descriptions was that mental health is a 'normal and part of our everyday life' and that people with mental health problems can live well, participate in, and enjoy normal, everyday life. This strategy has been developed collaboratively with our partners and stakeholders, including community groups and people with lived experience, to take forward the recommendations of the State of Sandwell report.

Recent years have brought new challenges for physical and mental health, with the COVID-19 pandemic having a lasting impact on the way we work, interact within our communities, and engage with services as well as the effects of illness and bereavement. The ongoing cost of living crisis threatens to exacerbate these impacts and widen existing inequalities further.

While it is vital to ensure that anyone experiencing mental health problems can access timely, appropriate, and high-quality care, the main focus of this strategy will be on improving population wellbeing and the prevention of mental health issues. This includes reducing inequalities in the determinants of mental wellbeing and access to support, as well as improving the general health and wellbeing of people with severe and enduring mental health problems.

Partnership working will be key to delivering this strategy and building on what is already being done to improve mental health and wellbeing in Sandwell, supporting the vision of a thriving, optimistic and resilient community.

[1] HM Government (2011). *No health without mental health: A cross-government mental health outcomes strategy for people of all ages.*
[2] Institute of Health Equity (2014). *Social Determinants of Mental Health.* World Health Organisation and the Gulbenkian Foundation.

Our vision and strategy for Sandwell

Our vision is for **every resident of Sandwell to have the best mental health that they possibly can, at every stage of their life**. This will be achieved through the following strategic objectives, working collaboratively across the Council, NHS and partner organisations, including the voluntary & community sector:

- Supporting people to **feel good and function well across the life course**
- Recognising the **community assets that help promote resilience and wellbeing** in individuals, families, and communities
- Ensuring that people experiencing mental health problems receive the **right care at the right time in the right place**
- **Reducing inequalities in mental health and wellbeing** and access to care and support
- **Improving people's experiences** of mental health services and the care they receive
- Taking a **person-centred approach** to mental health promotion, mental illness prevention and recovery

This strategy will contribute to achieving the Sandwell 2030 vision of a thriving, optimistic, and resilient community. Mental health is one of our priority areas for strategic development at the Sandwell Health and Wellbeing Board; our Health & Wellbeing Strategy vision is for Sandwell to be a place where everyone is supported to thrive, and to have the best physical and mental health that they can.

Strategy development

Findings from the State of Sandwell report were used to identify 9 priorities and principles for building on and improving current provision (page 6). These principles were the starting point for workshops with stakeholders to identify current good practice and areas for improvement.

Feedback from the workshops was incorporated into a rapid needs assessment to understand the current context and impacts of COVID-19, and current issues, informing the accompanying action plan.

DRAFT

Strategy priorities and principles

MENTAL HEALTH IS EVERYONE'S BUSINESS

- Good mental health is everyone's right and a collective responsibility
- We will work together to reduce systemic inequalities in mental health and in the physical health of people with severe and enduring mental health problems
- Focus on prevention, early intervention and mental health promotion
- Commitment to mental health and wellbeing as being a strategic priority

Think ALL AGE

- Remove structural barriers to support because of a person's age
- Ensure children approaching adulthood are supported through those transitions, especially the most vulnerable and in our care
- Older people shall receive service appropriate to their needs and free from discrimination. More older people shall access talking therapies and be considered equal in the planning of services
- This strategy will link closely with the **SANDWELL DEMENTIA STRATEGY** and **CARERS STRATEGY**

Available when you NEED it

Not all services will be open at all times, but when a person requires a response that cannot wait, we will ensure it is available 24/7

RECOVERY

Everyone's needs will be considered based on what a meaningful recovery means to them and support will always look to help achieve this.

ZERO SUICIDE

The **SANDWELL SUICIDE PREVENTION STRATEGY** sets out the ambition that by 2030, no-one will die by suicide in Sandwell.

Tackle the CAUSES of poor mental health

Commitment not only to help those struggling with a mental health problem, but support those individuals and services working to prevent difficulties through improving people's lives. Work with local system partners to address LONELINESS & ISOLATION

SAFE PLACES

We will create spaces where people can go to feel safe and get access to the range of support they may need to give them back control.

We will work to tackle systemic discrimination in services, and access to services

EXPERT RESPONSE

People needing help can expect that whoever they look to for support will be equipped to provide them with the best possible response. People in all sectors, including volunteers, will have access to high quality training and supervision to do their job to the best of their ability. Ensure the workforce is supported to maintain their own good mental health

SANDWELL WILL BE A MENTAL HEALTH AWARE COMMUNITY

- Communities will be supported to access the means to look out for each other
- Increase Mental Health literacy through training opportunities for non-professionals (e.g. MH First Aid)
- Services will be developed in partnership with communities

Strategic and policy drivers

No Health Without Mental Health (2011) is a cross-government outcomes strategy that sets out ambitions for mental health to be given equal priority to physical health ('parity of esteem'), and to become 'everyone's business' – that is, for health services, local authorities, education, employers, third sector organisations and communities to work in partnership to address the causes and consequences of poor mental health and promote mental wellbeing in populations.

Care Act (2014) sets out a statutory duty for Local Authorities to promote wellbeing, including mental and emotional wellbeing.

NHS Long Term Plan sets out an ambitious programme of transformation for mental health services and several strategic priorities, with a programme of funding to support their delivery. The new **NHS Major Conditions Strategy** will include mental health in taking a whole person, asset-based approach to improving health and preventing illness, recognising the complex interactions between mental and physical health.

Five Year Forward View for Mental Health (2016) emphasises the need for a shift towards prevention and better integration of care to improve outcomes and experiences for people with mental health problems and their carers; and reduce health inequalities.

Prevention Concordat for Better Mental Health (2016) advocates a prevention-focused approach to mental health improvement in populations through evidence-based planning and commissioning. It also acknowledges the active role played by people with lived experience of mental health problems.

Suicide Prevention Strategy for England (2012) sets out plans for reducing suicide rates and supporting people affected by suicide.

Sandwell Council is a key strategic partner for both the Black Country Integrated Care System (ICS) and the West Midlands Combined Authority. The establishment of the ICS, known locally as Healthier Futures, ensures that health services and their commissioning are now aligned across the Black Country This includes mental health services provided by Black Country Healthcare NHS Foundation Trust. The Sandwell Better Mental Health Strategy will ensure that Sandwell retains a stake in the delivery of these priorities by holding commissioners and providers to account and linking large strategic programmes to local corporate plans (Sandwell 2030). Good mental health as an outcome is key to the delivery of an effective suicide prevention plan, better parity of esteem for people of all ages, reasonably adjusted services for people with autism, workforce wellbeing and support for carers.

DRAFT

Local and national context

A needs assessment was carried out to understand mental health and wellbeing in the Sandwell population, and the impacts of the COVID-19 pandemic and cost of living crisis. This included the findings of a children & young people's needs assessment from 2022 in response to reports from providers of unprecedented numbers of children requiring support. A series of stakeholder workshops was held to discuss the strategy priorities and explore people's experiences of accessing services and support.

Overview of rates and trends

Approximately 1 in 5 working age adults in Sandwell (21.5%) are estimated to have a common mental problem, which is higher than both the West Midlands region (17.7%) and England as a whole (16.9%). Common mental health problems are less prevalent among older people aged 65+, but this is still higher in Sandwell (13.4%) compared to the regional and national averages (10.7% and 10.2% respectively).[3] Rates of GP-recorded severe mental health conditions are similar to the West Midlands and England at just under 1% of the population.[4]

Data from local NHS providers reveals some key insights into mental health in Sandwell and surrounding areas compared to England. Sandwell was reported to have slightly lower prevalence of long-term mental health problems in a GP survey, but lower rates of early follow-up for patients with newly diagnosed depression. There were found to be higher rates of psychosis and mental health admissions in Sandwell and the Black Country, along with a higher proportion of people subject to the Mental Health Act. Patient satisfaction with GP-led mental health care in Sandwell was lower compared to the region and national averages, and in fact was the lowest in all of England: just 54.6% of people in Sandwell reported having a positive experience by their GP practice looking after their mental health compared with 62.3% for the Black Country and 72.4% for England overall.[5]

It is important to note that the prevalence of diagnosed mental health conditions and service utilisation can be influenced by various factors, including demographics, socio-economic conditions, and healthcare.

Suicide and self-harm

Sandwell's average suicide rate for the last reported period (2017/19) is 10.8 per 100,000. This is statistically similar to the West Midlands (10.2) and England (10.1) averages and has remained fairly constant over the past 20 years, illustrating that suicide continues to be an issue at local, regional and national levels.[6]

[3] Source: OHID Public Health Profiles. Estimates are based on national survey estimates (Adult Psychiatric Morbidity Survey) applied to local demography (ONS). 2017.
[4] Source: OHID Public Health Profiles. Defined as psychoses, schizophrenia and bipolar affective disorder and other psychoses. Quality and Outcomes Framework (QOF), NHS Digital. 2021/22.
[5] Sandwell data from NHS Sandwell and West Birmingham CCG. Black Country data from NHS Black Country ICB.
[6] Source: https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide (Accessed: 18/02/2021). This uses the Office of National Statistics' (ONS) definition of suicide, which is "*deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of event of underdetermined intent (ages 15 and over)*": Office of National Statistics, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheukqmi (Accessed: 23/02/2021)

There also continues to be a much higher rate of suicide in males (17.6 per 100,000) than in females (4.5), again in line with national trends. The most at-risk group for suicide continues to be males aged between 40 and 60.

However, in line with national statistics, a higher proportion of females than males are admitted to hospital for intentional self-harm. Between 2015/16 and 2019/20 there were 3,209 admissions to Sandwell & West Birmingham Hospitals Trust for intentional self-harm, with females aged 15-29 accounting for 39% of those admissions.[7] Compared to population statistics for the borough,[8] there was an over-representation of those who identify as White (British/Irish/Other) and an under-representation of those who identify as Black/Black British, Asian/Asian British or Mixed Ethnicity in those admitted to hospital for intentional self-harm during the same 5-year period.

Children and young people

NHS England have been monitoring the mental health of children and young people in a multi-cycle study using questionnaires covering a wide range of topics relating to mental health.[9]

- Projected numbers of children in Sandwell aged 7 to 16 with probable diagnosable mental health conditions increased from 5,247 in 2017 to 8,366 in 2022. For 17 to 19-year olds, this increased from 1,152 in 2017 to 2,942 in 2022.
- In the second wave of the study (2021), they found that 39.2% of 6 to 16-year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 to 23-year olds, 52.5% experienced deterioration, and 15.2% experienced improvement.
- The proportion of children and young people who were screened as more likely to have problems with eating has increased since 2017; from 6.7% to 12.9% in 11 to 16-year olds, and from 44.6% to 60.3% in 17 to 19-year olds.
- There is no apparent correlation between the amount of provision of mental health support in schools and factors such as deprivation, number of children, non-English as a first language, or geographical ward.
- In February 2022, there were 331 children referred to CAHMS and 3,165 children were referred in the preceding 11 months. The top 5 reasons were Anxiety, Neurodevelopmental Conditions excluding Autism, Awaiting Triage, Conduct Disorders, and Self-harm Behaviours. The highest rates of referrals were in the 12-16years age group, and the highest number of crises occured in ages 13-17years. The main referrers were Primary Care and Local Authority (other) services.
- While schools have an array of sessions they provide internally to support children, they do not always have capacity or resources to meet need.

[7] Source: Hospital Episode Statistics, Sandwell & West Birmingham Hospitals NHS Trust. ICD 10 codes X64 - X80 (intentional self-harm).
[8] Sandwell Trends, https://www.sandwelltrends.info/2011-census/2011-census-ethnicity-hub/ (Accessed: 09/02/2021)
[9] Projected numbers are based on results from the NHSE survey used alongside relevant census data.

DRAFT

Sandwell's Shape survey has been conducted annually since 2014 to give a voice to children and young people concerning their health, wellbeing, and safety concerns. In the 2022 survey, a number of themes emerged relating to mental health and general wellbeing.

- An increase in stress due to the educational impacts of coronavirus and remote learning was a key theme. Young people felt that there were gaps in their knowledge, with some feeling that they had become 'lazier' due to remote learning. Some students reported that since the pandemic they had felt isolated and had an increase in social anxiety.
- Since coronavirus restrictions have ended, there has been a rise in concern about gang and youth violence, and knife crime, so these were the 1st and 2nd most common concern respectively in the most recent 2022 survey.
- What secondary students were most happy with was consistent with 2020, being home, family, and hobbies, However, what they were least happy about, has changed with this year including their confidence, appearance, caring for the environment and how to communicate with people, compared to 2020 where they were least happy with their community, other relationships and local area. Primary school aged children answered similarly; however, they were least happy with their schoolwork.
- A large proportion of primary school children (75%) felt happy with their life at that point. This is a significant increase from 2020, where 40.2% felt happy, the low number mostly due to the pandemic.
- Bullying was a common concern among respondents and has been a recurring theme throughout most Shape surveys to date. The increased usage of social media during the pandemic increased cyberbullying incidents with young people. 18.4% of primary age children and 25.8% of secondary age children who responded to the survey had been bullied in the last four weeks. 69.1% of primary school children and 53.6% of secondary school children expressed confidence in their school's approach to addressing bullying. However, more than a quarter of secondary school pupils felt their school did not deal with bullying very well or not at all.
- When asked what would improve their mental health and wellbeing, both primary and secondary students wanted someone to talk to about problems, and to be able to voice views and opinions freely. Primary students also wanted an easier transition to secondary school, support for families having money issues, and to tackle bullying. Secondary students wanted more support with exams and future planning, as well as more places to socialise with friends.

Mental health inequalities

Poor mental health is both a cause and consequence of poor health in general across the life course, with most first presentations of mental health problems occurring in childhood or early adolescence.[10] People with severe mental illness (SMI) die 10-20 years earlier on average compared with the general population and two thirds of these deaths are from preventable physical illnesses, including cancer and heart disease.[11] Sandwell residents with severe mental illnesses

[10] Kessler RC, Amminger GP, Aguilar-Gaxiola S, et al. (2007). Age of onset of mental disorders: A review of recent literature. *Curr Opin Psychiatry, 20(4)*, 359–364.
[11] World Health Organization (2022). *World mental health report: transforming mental health for all.* Geneva, WHO.

are more likely to die prematurely from any cause than the rest of the West Midlands, and the England average, with higher rates of premature mortality for cancer, heart disease, liver disease and respiratory disease (Table 1).

The determinants of physical and mental health problems often overlap; mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination.[2] Just 15% of people in Sandwell who are in contact with secondary mental health services live in stable and appropriate accommodation, and just 1% are in paid employment.[12]

Poor mental health also has a detrimental effect on health behaviours, including smoking: 26.3% of adults with a long-term mental health condition in England are current smokers compared with 13.0% of the general population. In Sandwell these figures are 28.8% and 18.1% respectively. This further re-iterates the need to address population inequalities in physical health to improve outcomes in mental health.

Table 1: Premature mortality in individuals with severe mental illness in Sandwell compared to regional and England averages

	Period	Sandwell	West Midlands	England
Premature mortality in adults with Severe mental illness (SMI) (per 100,000 population)	2018 - 20	152.0	110.7	103.6
Premature mortality in adults with SMI due to cancer (per 100,000 population)	2018 - 20	30.7	22.6	20.2
Premature mortality in adults with SMI due to cardiovascular disease (per 100,000 population)	2018 - 20	31.1	19.8	18.9
Premature mortality in adults with SMI due to liver disease (per 100,000 population)	2018 - 20	10.5	8.1	7.6
Premature mortality in adults with SMI due to respiratory disease (per 100,000 population)	2018 - 20	18.5	12.6	12.2

Source: OHID Public Health Profiles

Ethnicity

People from ethnic minority communities are significantly more likely to suffer poorer mental health outcomes.

- 21% of Black or Black British people will experience a common mental health problem in any given week, compared with 17% of White British people.[13]

[12] Source: OHID Public Health Profiles. Adult Social Care Outcomes Framework (ASCOF), 2021/2022.

[13] McManus S, Bebbington PJenkins R, et al. (2014). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014.* NHS Digital, Leeds.

- In the year to March 2022, black people were almost 5 times as likely as white people to be detained under the Mental Health Act – 342 detentions per 100,000 people, compared with 72 per 100,000 people.[14]
- During the COVID-19 pandemic, the mental health of individuals from ethnic minority communities was found to deteriorate significantly more than White British individuals.[15]

There are several reasons that are thought to cause poorer mental health outcomes in these communities, such as facing more barriers to accessing treatment and poorer experiences of services. In some communities there is also stigma around mental health issues, which can make individuals reluctant to seek help. Furthermore, people from ethnic minority groups are more likely to be living in poverty than white people, and people living in poverty are more likely to develop and experience mental health issues.[16]

LGTBTQ+

People who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and more (LGBTQ+) have been reported to be 2-3 times more likely to experience mental health problems than heterosexual individuals,[17] again linked to social disadvantage and barriers to accessing support. An engagement exercise was carried out between September and November 2022, in which the Sandwell LGBTQ+ community provided details of their lived experience with healthcare using surveys, interviews and informal events.

- 20% of individuals described their mental health as poor, with 50% being diagnosed/experiencing depression and anxiety.
- 14% of individuals have hurt themselves over the past 12 months, with 50% having considered taking their own lives at some point.
- 29% of respondents described being mistreated by healthcare staff regarding their LGBTQ+ identity. This was more prevalent in young people, with 50% describing being unjustly treated. Furthermore, 80% of LGBT people across Sandwell had rated their GP as poor.

Learning disability and autism

While learning disabilities are mental health problems, evidence suggest that mental health problems may be higher in people with a learning disability than in those without a learning disability.[18]

[14] Gov.uk. Ethnicity facts and figures: Detentions under the Mental Health Act. Gov.uk, 26th May 2023. [Online]. Available: https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest [Accessed 26/06/2023].
[15] Proto E, Quintana-Domeque C. (2021). COVID-19 and Mental Health Deterioration among BAME Groups in the UK. *PLoS One, 16(1),* e0244419.
[16] Mental Health UK. Black, Asian and Minority Ethnic mental health. Mental health UK [Online]. Available: https://mentalhealth-uk.org/black-asian-and-minority-ethnic-bame-mental-health/ [Accessed 26/06/2023].
[17] Kanouse DE, Elliot MN, Burkhart Q, et al. (2015). Sexual minorities in England have poorer health and worse health care experiences: a national survey. J Gen Intern Med, 30(1), 9-16.
[18] Mencap. Mental health [Online]. Available: https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/mental-health [accessed 30/08/2023].

- People with a learning disability may be more likely to experience stress due to deprivation, poverty, abuse and other negative life events earlier on in life.[19] Mental health impacts may be exacerbated by lack of social support and reduced coping skills.[20]
- Pain, physical ill health and taking multiple types of medication can all contribute to poor mental health,[19] as well as some genetic syndromes (e.g. Prader Willi syndrome).[21] (Joint Commissioning Panel for Mental Health 2013; NICE, 2016). Some genetic syndromes are associated with specific mental health problems (e.g. Prader Willi syndrome) (Joint Commissioning Panel for Mental Health, 2013).
- Stigma and discrimination can become internalised, leading to psychological distress.[22]

Similarly, autism is not a mental health problem, but autistic individuals may be more likely to experience mental health problems due to stigma, discrimination, trauma and loneliness. Differences in interacting with the world can be stressful when sensory, processing or communication needs are not met. Some experiences of autism may also overlap with experiences of mental health problems, making it more difficult to get the right help and support.[23]

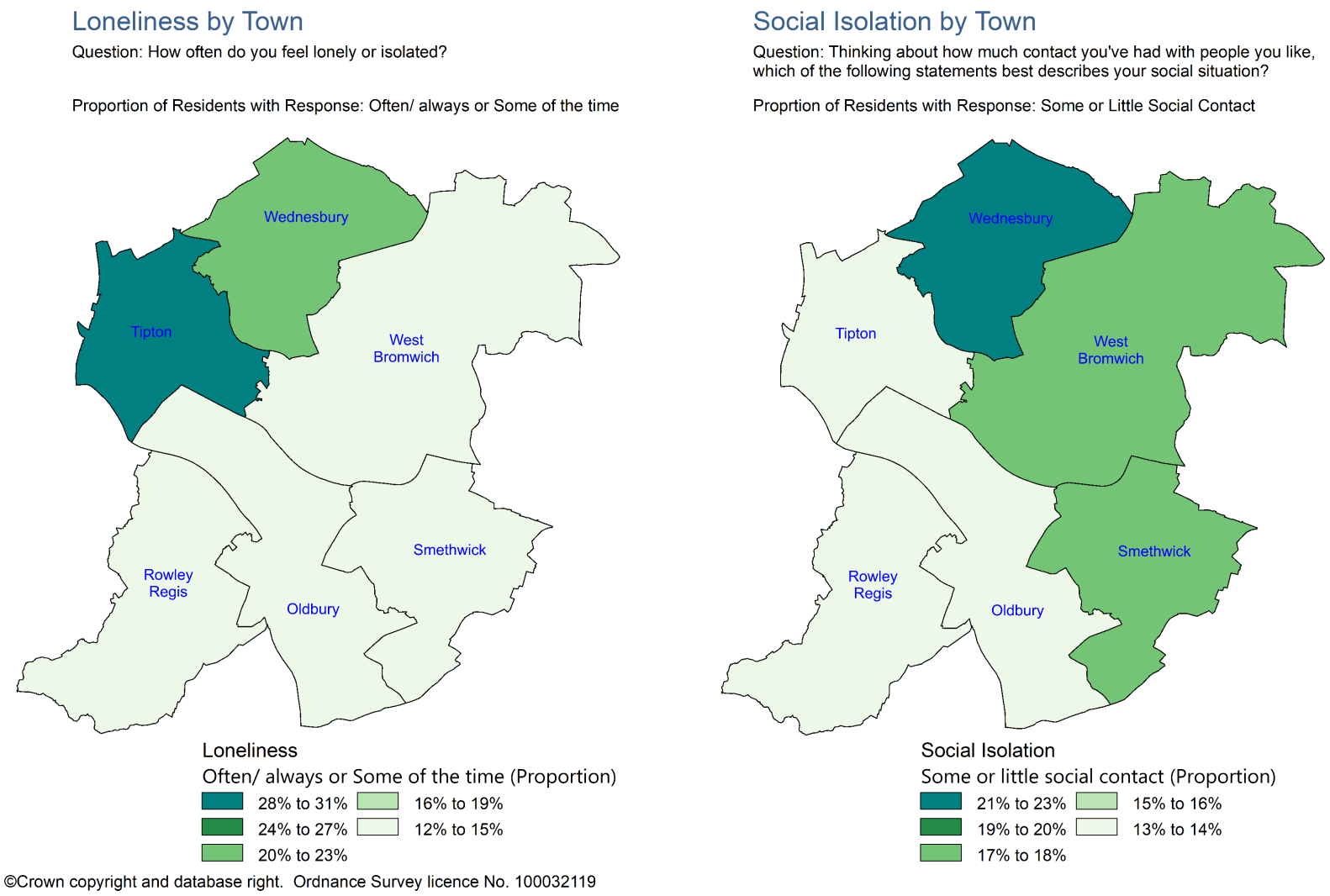
Loneliness and social isolation

Loneliness and social isolation can have significant impact on someone's life, including increasing the risk of early mortality, increasing the risk of poor mental health and depression, and can increase stress and blood pressure.[24] Mental health conditions and loneliness often coexist and can cause a cycle where loneliness worsens mental health conditions, which in turn makes someone more likely to be lonely.[25] This has been compounded by the effect of the pandemic, with social isolation, social anxiety and loneliness raising since the lockdowns.

In May 2022 the Council commissioned a market research agency to conduct a resident's survey to inform strategy and service management. Approximately a third (31%) of Sandwell residents said they had experienced loneliness at least 'on occasion', with 6% saying they experienced it 'often' or 'always'. 11% said they had some social contact with people, but not enough, and a further 6% have little social contact and feel socially isolated. Tipton and Wednesbury had the highest proportions of residents who reported feeling lonely; whereas Wednesbury, West Bromwich and Smethwick had the highest proportion of residents experiencing social isolation (Figure 1).

[19] NICE (2016). Mental health problems in people with learning disabilities: prevention, assessment and management. NICE guideline [NG54].
[20] Bond L, Carroll R, Mulryan N, et al. (2019). The association of life events and mental ill health in older adults with intellectual disability: results of the wave 3 Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing. *J Intellect Disabil Res, 63(5),* 454-465. doi: 10.1111/jir.12595.
[21] Joint Commissioning Panel for Mental Health, 2013.
[22] Pelleboer-Gunnink, Hannah & van Weeghel, Jaap & Embregts, P. (2019). Public stigmatisation of people with intellectual disabilities: a mixed-method population survey into stereotypes and their relationship with familiarity and discrimination. *Disability and Rehabilitation, 43,* 1-9. 10.1080/09638288.2019.1630678.
[23] Mind. *Autism and mental health* [Online]. Available: https://www.mind.org.uk/about-us/our-policy-work/equality-and-human-rights/autism-and-mental-health/ [accessed 30.08.2023].
[24] Campaign to end loneliness. *Facts and statistics about loneliness* [Online]. Available: https://www.campaigntoendloneliness.org/facts-and-statistics/ [Accessed 26/06/2023].
[25] Mind. *Loneliness.* Mind [Online]. Available: https://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness/about-loneliness/ [Accessed 26/06/2023].

Figure 1: Loneliness and social isolation by town (Sandwell Residents and Wellbeing Survey, Aug 2022)



©Crown copyright and database right. Ordnance Survey licence No. 100032119

Stakeholder engagement

A series of workshops was held throughout April and May 2022 with representatives from a range of partner organisations, including Education, Adult Social Care, NHS, CAMHS and the voluntary & community sector. These included targeted sessions with Sandwell Carer's Service and the Sandwell African Caribbean Mental Health Foundation, which were attended by people with lived experience of mental health problems and their carers. The following themes were identified:

1. Issues affecting young people

- Limited CAMHS capacity to meet demand and insufficient counselling support options for children, parents and carers.
- Effects of child exploitation and violence on mental health and wellbeing, and a need for trauma-informed support.
- Gaps in care and support, with needs overlooked in a number of situations and groups (e.g. autism or Asperger's syndrome, and those exhibiting 'difficult' or disruptive behaviours).

2. Inequalities

- It was strongly felt that in order to reduce mental health inequalities, action was needed to tackle socioeconomic inequalities and systemic discrimination including racism – including early on in the education system.
- A lack of culturally appropriate services and care, particularly in inpatient settings, was seen as a major barrier to engagement and recovery in ethnic minority groups.

3. Awareness and knowledge

- Despite progress being made in recent years, it was still felt that awareness and knowledge of mental health and wellbeing were limited – both among professionals and the general public, and particularly around underlying causes and wider determinants.
- Improving communication for citizens, non-mental health staff (voluntary and statutory) and across specialist services on available support was seen as a fundamental action to improve access to services.

4. Services and support

- Prevention and early intervention - Interventions to prevent mental health problems from developing or escalating were considered to be extremely important, but with limited availability.
- Many expressed dissatisfaction with care pathways into, or out, of services. The main issues raised were long waiting lists for services and support, and inadequate care planning to support discharge and appropriate support in the community for people with severe mental health problems.

DRAFT

- While GPs were identified as the main source of help for those experiencing mental health difficulties, voluntary and community organisations were also identified as known places where individuals could seek help – and are often the first point of contact for people less likely to access mainstream services.

5. Bereavement and loss

- Children and young people often come to mental health services through experiencing bereavement, yet much of the available support is focused on adults. Those with learning disabilities, autism and/or existing mental health and wellbeing problems were also disproportionately impacted by bereavement.
- Support for people bereaved by suicide were found to be often limited to those who were family members or carers. Similarly, statutory organisations' bereavement policies often focus on family relationships, rather than the quality of relationships.
- Other types of loss, such as relationship breakdown or loss of employment, could also have a profound impact on mental health and wellbeing.

6. Workforce and culture

- People with lived experience and their carers had differential experiences of care within clinical services. Some felt that there was a lack of care and compassion, or that there was variation depending on individual staff members.
- Strengthening links between NHS and local authority social care teams was seen as key to providing more co-ordinated, person-centred care for people with mental health problems.
- Workforce wellbeing was seen as essential to being able to deliver quality services and care.

7. Wider determinants of mental health and wellbeing

- In addition to high quality mental health services, there is a need for good universal services that can support individuals around the wider determinants of health (e.g. housing, unemployment/finances).
- Rising costs of housing, fuel and household basics are an increasing concern for people with existing mental health problems and the general population. Welfare rights services were identified as key to ensuring that our most vulnerable residents are able to get the support they need.
- Reducing inequalities in access to employment was seen as important in promoting recovery and wellbeing, although it was emphasised that employment was not a health outcome in itself.

8. Supporting vulnerable groups

- Carers reported mixed experiences of care and support, with many expressing dissatisfaction with services and pathways. It was felt that the role of carers was not fully recognised or valued, and that related trauma was often overlooked.

DRAFT

- A number of groups were identified as being disproportionately impacted by the causes and consequences of mental health problems, and also facing additional barriers to accessing support. These included minority ethnic groups and new communities (Black African & Caribbean community; Eastern European community; and Gypsy, Roma & Traveller community; asylum seekers and refugees); disabled people (including hearing/sight impaired people, and people with a learning disability or autism); the LGBTQ+ community; and older adults.
- Domestic abuse and childhood trauma were recognised as having major impacts on mental health and wellbeing – directly and immediately, and also longer term. Linking to the community safety agenda was seen as a crucial element of promoting mental wellbeing.

9. Physical health

- Supporting people with severe and enduring mental health problems to have good physical health was seen as important in promoting recovery and reducing health inequalities overall, but the same barriers to access were often present in services and activities to improve physical health. Similarly, there was a need to strengthen support to improve mental wellbeing for people with long-term physical health conditions.
- Universal approaches to improving physical wellbeing, particularly promoting and facilitating participation in physical activity, were recognised as having a range of benefits for mental wellbeing, including through making social connections and reducing isolation.

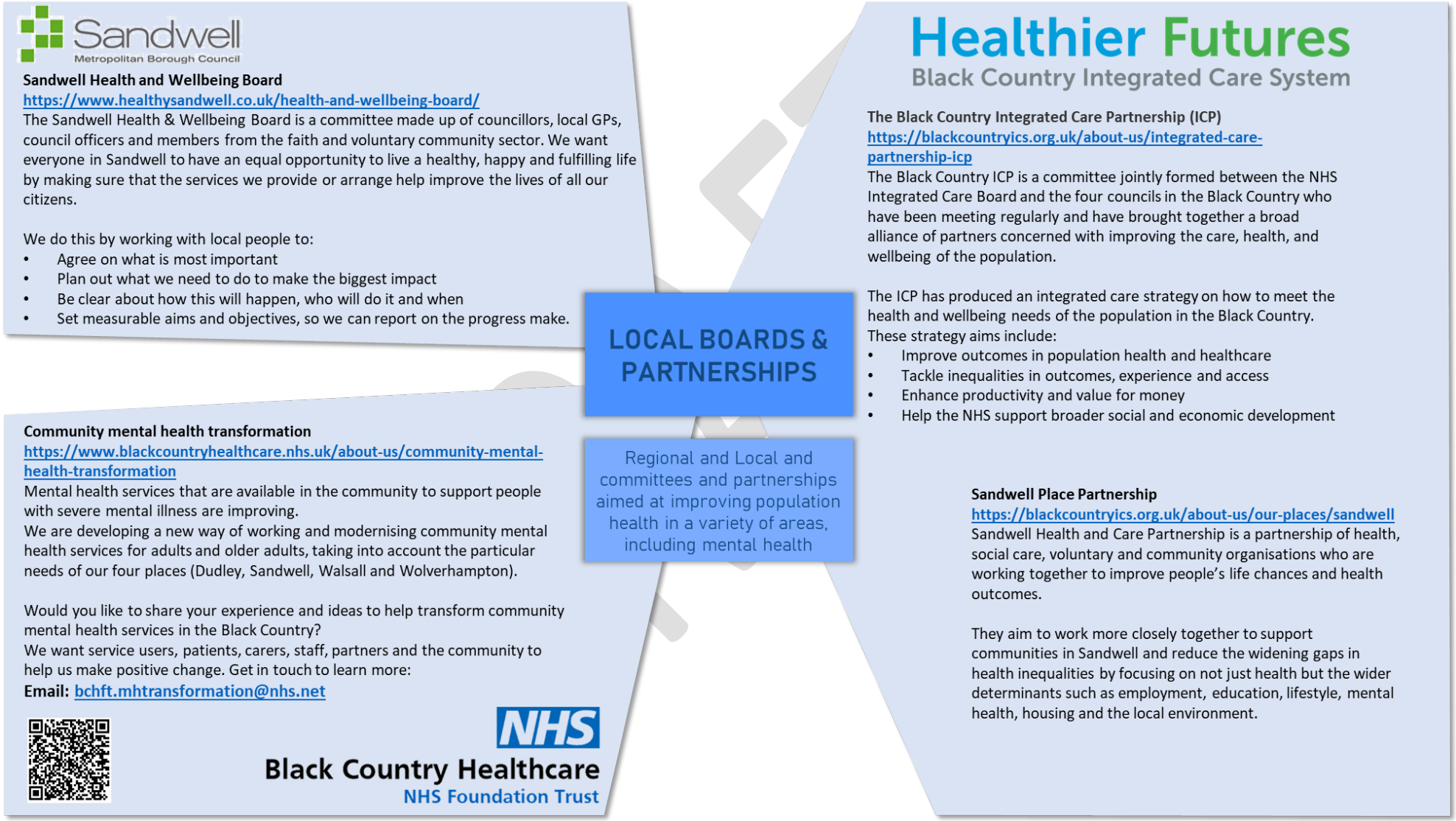
Governance

The Sandwell Better Mental Health Strategy and Action Plan have been developed by the multi-agency Sandwell Mental Health Strategy Group, informed by public consultation and engagement. Following publication of the Strategy, this group will become a Steering Group that will oversee delivery of the Action Plan and maintain a risk register.

The Steering Group will continue to report to Sandwell Health & Wellbeing Board. A Mental Health Stakeholder Forum will also be established to enable continued communication with partners and stakeholders, and ongoing review of the Strategy priorities.

DRAFT

Overview of strategies, boards, and partnerships involved



Models of mental health provision in Sandwell

Children & young people (0-18)

The I-THRIVE framework (Figure 2) is the model is being embedded across the Black Country to support young people aged 0-18yrs and their families/carers within their Locality.

It utilises any professionals who support children whether in education, social care, voluntary or health sectors.

Figure 2: The I-Thrive model of levels of need.

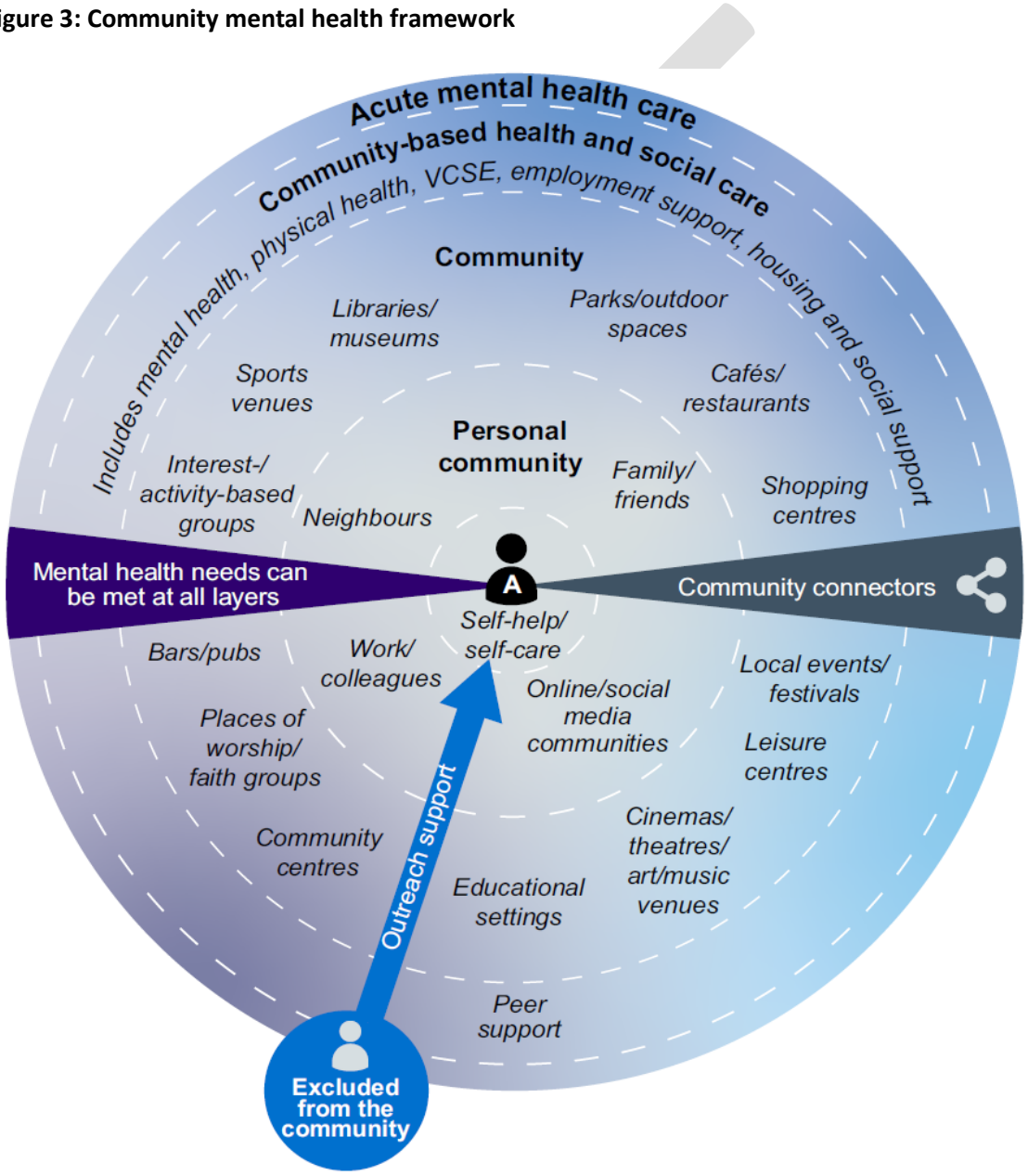
Thriving	•Those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies • **Universal Services – eg Primary Care (GP) / School Health Nurses**
Getting Advice	•Mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input - Signposting, self-management and One Off Contacts • **Kooth / School Health Nurses/ Social prescribing where available**
Getting Help	• Benefit from focused, evidence-based help and support with clear aims, and criteria for assessing whether these aims have been achieved - Goals Focused, outcome informed interventions • **Commissioned emotional wellbeing services / Reflexions (MHST)/ Inclusion services**
Getting More Help	•Benefit from focused, evidence-based interventions, with clear aims and criteria for assessing whether these aims have been achieved. - specialist and intensive goal focused support. Extensive treatment • **Reflexions (MHST) / Specialist CAMHS** • **including Learning Disabilities Team and Child Young Person in Care Team / All Age Eating Disorder Service**
Getting Risk Support	•Currently unable to benefit from evidence-based treatment but remain a significant concern and risk - Risk Management and Crisis Response • **CAMHS Crisis and Home Treatment Team / In patient services**

Adults over 18

The Community Mental Health Framework by NHS England[26] (Figure 3) outlines a long-term plan for a community mental health model, and describes how mental health needs should be addressed through many different avenues. The Community Mental Health Transformation Plan from the NHS realises that people with mental health problems do not usually require solely treatment for their diagnosed condition, and other complex needs are often overarching.

We aim to work on these factors to improve prevention of mental health issues and to support those who require from a multi directional approach.

Figure 3: Community mental health framework



[26] https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/

Service Mapping

Sandwell Better Mental Health Programme

In 2021, Sandwell Council successfully secured £391,272 of funding from OHID for the Better Mental Health Programme. We worked alongside community partners to develop an array of exciting and innovative projects to improve mental wellbeing for the whole community, many of which have continued with further funding.

These projects recognise the importance that good mental health has to our overall wellbeing. A key to the success of the programme was the strong relationships between Sandwell Council and the voluntary and community sector which provided the ideal opportunity to build on our unique community strengths and work with communities to reduce inequalities in mental health and wellbeing that were made worse by the pandemic. Our Better Mental Health programme is informed by what our communities have told us they need and what is important to them.

1. Changes – offers support for parents, helping them to navigate on their parenting journey through a range of activities. This project has enabled a wider choice of Early Years, Primary School Years and Secondary School Years courses to be offered for Sandwell parents to join.

2. Activities for New and Expectant Parents – provides free activities to promote physical health during pregnancy, selfcare and mindfulness, develop new friendships and peer support. Better Mental Health project funding has enabled a wide variety of activities and courses to be held in Sandwell's 6 towns. Sessions take place throughout the day, evenings and weekends so that they meet the needs of parents and parents to be.

3. Sandwell Libraries and Archives – libraries provide a safe and inclusive community hub. This project aims at providing parents and carers of under 5's with a range of social activities such as Play Talk Read and the Sandy Bear Scheme.

4. Anti-bullying - One of the projects within the SHAPE Programme is the annual anti-bullying roadshow which takes place during anti-bullying week in November. Children and young people have repeatedly highlighted bullying, including cyberbullying, as a key mental health issue. We are working to tackling this by delivering a whole school antibullying intervention and activities such as online training and classroom-based input. We're building on initiatives such as the successful Anti-Bullying Roadshow delivered during Anti-Bullying Week 2020 and adopting a whole-school approach to raising awareness for CYP, teachers, parents and wider communities.

5. The Voluntary and Community Sector Wellbeing Charter Mark - Strengthening partnerships to develop the Sandwell Schools Charter Mark framework and incorporate it into community settings. Having successfully embedded the Schools' Wellbeing Charter Mark to adopt a whole-school approach to mental health improvement across Sandwell, we aim to extend this throughout the community and voluntary sector
in the hope to build emotional resilience by engaging in hobbies, interests and communities.

DRAFT

6. Team Talk Albion - The project aims to engage men (aged 18+) living in Sandwell with weekly 5 a side football matches located at the Portway Lifestyle Centre. The focus being on improving health and wellbeing through football.

7. Tough Enough to Care – These sessions include a 45 minute interactive presentation covering mental health basics and dispelling common myths about mental illness. The project also includes peer support groups which are open to all men aged 18+ from the Sandwell area.

8. Ideal for All - Supporting minority ethnic communities through targeted peer support, information and activity sessions. Delivered by Ideal for All, this project offers befriending and improved mental wellbeing through gardening and companionship.

9. Mental Health Literacy - This project has 3 elements, the first being i-act Understanding & Promoting Positive Mental Health & Wellbeing training courses. The next is the development of Community Mental Health Champions who can help raise awareness of mental health and challenge stigma within their respective communities. The last is through the charity Kaleidoscope Plus Group who have been delivering accredited courses such as the popular Mental Health First Aid course.

10. Community Mental Health Grant Programme - A grant programme focusing on promoting positive community mental health with funding being available to support activities that are run by local people for local people.

Better Mental Health Programme legacy

In addition to sustainable benefits realised through the Programme, several projects have continued delivery into 2022/2023 through current and additional funding identified. The Programme is being expanded over the next 3 years to focus on additional target groups, informed by the stakeholder and resident engagement undertaken to inform the development of this Strategy.

We will also be signing up to the Prevention Concordat for Better Mental Health, supported by this Strategy and the accompanying Action Plan.

DRAFT

Recommendations

The following recommendations have been informed by the updated needs assessment, aligning to our strategic objectives and national priorities around promoting mental wellbeing and preventing mental health problems. The accompanying Action Plan will be developed against these recommendations, shaped through the Sandwell Better Mental Health Strategy Group.

1. Improve awareness and understanding of mental health and wellbeing in communities, and the range of support available.
2. Develop inclusive and culturally appropriate services that address the needs of Sandwell's diverse communities.
3. Work with the voluntary and community sector to strengthen early help, promote wellbeing and support recovery.
4. Work with schools and children's services to build confidence in supporting children and young people experiencing mental health issues.
5. Establish clear and inclusive pathways for accessing services and support, both initially and following discharge from care.
6. Strengthen links between clinical and statutory services to facilitate a person-centred approach to recovery and wellbeing.
7. Ensure an accessible and inclusive bereavement support offer.
8. Improve routine data collection and intelligence gathering to identify and prioritise key groups.
9. Work with families and carers to ensure their own wellbeing needs are met.
10. Promote mental wellbeing among the health and social care workforce and wider statutory services.
11. Increase opportunities to improve the physical health of people with severe and enduring mental health problems.
12. Develop targeted approaches to reducing loneliness and social isolation.

The Action Plan is based on the principle of *proportionate universalism* – balancing universal, population-based approaches with more targeted action so that we create a culture that promotes wellbeing and prevents crisis, while also ensuring timely and appropriate support for those who need it.

Focusing on the interfaces between individuals and services, and not just on risk groups and factors, will help to develop a co-ordinated and responsive system where no-one is overlooked.

Another focus will continue to be prevention of mental health problems by looking the overall improvement of Sandwell's health and wellbeing, aiming to improve the wider determinants of mental health.

DRAFT