Nottinghamshire County Council

Report to Health and Wellbeing Board

3 September 2014

Agenda Item: 10

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NO HEALTH WITHOUT MENTAL HEALTH: NOTTINGHAMSHIRE'S MENTAL HEALTH STRATEGY AND SUICIDE PREVENTION STRATEGY (DRAFT) 2014/17

Purpose of the Report

1. The Health and Wellbeing Board (HWB) is requested to approve and sign off the final version of the 'No Health without Mental Health, Nottinghamshire's Mental Health Strategy 2014/17' (Full strategy and summary attached as Appendix 1)
2. HWB to note the 10 September 2014 start of the consultation period on the local draft 'Nottinghamshire and Nottingham City Suicide Prevention Strategy - 2014/17' (Appendix 2).

Information and Advice

3. Mental health is a key partnership issue for Nottinghamshire, and the stakeholder consultation has demonstrated widespread support for a mental health strategy. This strategy provides an opportunity to bring together actions to address mental health and wellbeing across all ages in Nottinghamshire.

4. Improving mental health is associated with significant positive impacts for individuals, their families and wider society including better physical health, improved academic achievement, reduced sickness absence, enhanced productivity and reduced costs to welfare, health and social care services and reduce the incidents of self-harm and suicide deaths. This can only be achieved by preventing mental health problems, building mental resilience and ensuring good quality, personalised treatment and care which is vital for people with mental health problems.

5. In order to see significant improvements in mental health and emotional wellbeing, the profile of mental health needs to be raised further and to be embedded across all health and social care activity. Understanding of the causes and impacts of poor mental health needs to be realised across communities and within partner organisations. The HWB is fundamental in providing leadership and championing the mental health agenda in order to drive these improvements.

6. At the HWB Adult Mental Health workshop on 2 April 2014, the HWB cited the Nottinghamshire Mental Health strategy and were given the opportunity to comment on the strategy and the five strategic priorities. Since that event Nottinghamshire County

Council (NCC) has committed to prioritising mental health by signing up to the Mental Health Challenge and a consultation on the strategy has been undertaken.

7. In developing the No Health without Mental Health Nottinghamshire's Mental Health strategy and the draft Nottinghamshire and Nottingham City Suicide Prevention strategy, consideration has been given to the relevant national and local strategies (see sections 7 & 8 of this report).

8. The draft 'Nottinghamshire and Nottingham City Suicide Prevention Strategy - 2014/17' has been developed by a range of health, social care, police and emergency services and third sector partners. This strategy covers both Nottinghamshire and Nottingham City. However, this report focuses predominantly on the issues affecting Nottinghamshire.

Background

9. In England, at least one in four people will encounter mental health problems[*] at some stage of life[1] and approximately one person dies every two hours as a result of suicide[2]. The causes and influences on mental health problems are wide ranging and interacting. Often they are a result of adverse life events, but interacting circumstances such as poverty, level of education, employment and social networks as well as individual biological, lifestyle and psychological factors have a significant impact on resilience to these challenges. Many of these wider determinants of poor mental health are higher in the deprived areas of Nottinghamshire than in England as a whole.

10. Mental health problems often arise in childhood and cause more disability than any other chronic illness. They cost England around £105 billion each year and consume around 13% of NHS spending.

11. Preventing mental health problems will impact on reducing the self-harm and suicide death rate in Nottinghamshire. Therefore, the Suicide Prevention Strategy will contribute to the overall Mental Health and Health and Wellbeing strategies

Outcomes of the Nottinghamshire Mental Health strategy consultation

12. A wide range of stakeholders' views were gathered in the development phase of the draft mental health strategy. A public and partner consultation was undertaken to form the development of the local No Health without Mental Health Nottinghamshire's Mental Health strategy. NCC used a variety of communication channels to publicise the strategy during consultation including:

- a link to a web based survey, with named contact to obtain paper version where required
- named contact for responses with email, telephone number and address available to enable people to use other formats to the web based survey

[*] The phrase 'mental health problem' mirrors the terminology used in the National Strategy 'No Health Without Mental Health', and is used as an umbrella term to describe the full range of diagnosable mental illnesses and disorders, including personality disorder.
[1] HM Government. No health without mental health: A cross government outcomes strategy for people of all ages, 2011
[2] HM Government. September 2012. Preventing suicide in England. A cross-government outcomes strategy to save lives.

- hard copies of the strategy and survey were available in all libraries across Nottinghamshire
- the consultation was advertised in all GP practices across Nottinghamshire
- email communication to relevant heads of service across health and social care services and the voluntary sector with request to cascade to relevant partners and staff
- cascades through organisations and individuals with links to relevant communities of interest and third sector and community groups
- presentations at relevant forums such as the Clinical Commissioning Groups (CCG) Mental Health groups (where mental health and service user representatives attend), HWB, CCG Mental Health commissioning groups and Mental Health Integrated Children's Adults and Older People Commissioning groups.
- engagement through the Nottinghamshire NHS Healthcare Trust Involvement Centre for service users
- internal communications within NCC, CCG and Nottinghamshire NHS Healthcare Trust
- press release and promotion via social media
- discussion at various health and social meetings and events.

13. The consultation demonstrated a high level of support for improving mental health across Nottinghamshire and the need to produce a strategy that covered the mental health across all ages. Specific needs were identified as:

- promoting mental resilience early in life
- promoting mental wellbeing in the workplace
- improving physical activity to build mental resilience
- raising awareness of mental health symptoms and reduce stigma
- capitalising on inter-agency working to improve access and pathways of care particularly in relation to early identification of mental health problems and those experiencing a mental health crisis
- accessing longer term therapies for people experiencing trauma related stress and anxiety
- ensuring a good level of social care support and settled accommodation for people with mental health problems.

14. To prevent carers from developing mental health problems, it was identified as a need that increased level of support is required for young carers when their parents have a mental health problem and carers of all ages for those with a long term physical condition. Also, to enable recovery from mental health problems, it was recommended that a holistic approach was required which would address the physical and mental health and wellbeing and social needs of people.

15. Following the consultation, the main change required within the strategy was the wording of priority 4 from ensuring *'adequate'* support to ensuring *'effective'* support as a number of respondents identified that *'adequate'* support was not based on NICE guidance.

16. The five priorities in this strategy have clear, ambitious aims to improve Nottinghamshire residents' mental health and wellbeing:

- Promoting mental resilience and preventing mental health problems
- Identifying problems early and supporting effective interventions
- Improving outcomes through effective treatment and relapse prevention
- Ensuring effective support for those with mental health problems
- Improving the wellbeing and physical health of those with mental health problems

17. For each objective, a number of key areas for action will be developed through a review of the evidence base and highlighted by stakeholders.

Proposed Nottinghamshire Suicide Prevention strategic priorities for consultation:

18. A wide range of stakeholder views was gathered in the development phase of the draft suicide prevention strategy and has identified priorities that will have an impact on reducing self-harm incidents and suicide deaths in Nottinghamshire.

19. The proposed self-harm and suicide prevention strategic priorities to be consulted on are:
- Identify early those groups at high risk of suicide and self-harm and support effective interventions
- Review of timely suicide and self-harm data in order to better understand the local needs
- Access effective support for those bereaved or affected by suicide
- Engage with media personnel to agree on sensitive approaches to reporting suicide and suicidal behaviour
- Improve the understanding and care for people at risk of suicide and self-harm through training of frontline staff to deal with those at risk of suicide and self-harm behaviour.

20. It is envisaged that the consultation will be launched in September 2014 in line with the World Health Organisation (WHO) Suicide Prevention Awareness Day.

Governance

21. The strategies are owned by the Nottinghamshire HWB and steered by the Public Health Mental Health lead. Implementation and progress of this strategy will be monitored by the Nottinghamshire Health and Wellbeing Implementation Group (HWIG). The HWIG will be responsible for reporting the strategy progress to the HWB.

22. The Nottinghamshire CAMHS, Adult and Older People's Mental Health Strategy Integrated Commissioning Groups (ICGs) which comprises key stakeholders will be responsible for driving the key actions of these strategies forward and reporting quarterly the progress to the HWIG.

23. The overarching leadership for each of the proposed mental health and suicide prevention priorities will be developed and consist of the most appropriate mental health leaders and champions.

Next steps

24. In partnership with the ICGs a comprehensive No Health without Mental Health Nottinghamshire's Mental Health strategy 2014/15 action/delivery plan will be developed.

25. Local Mental Health working groups will be set up to achieve each of the proposed five mental health strategic priorities.

26. Public Health will undertake a public consultation in September 2014 on the draft 'Nottinghamshire and Nottingham City Suicide Prevention Strategy - 2014/17', to ensure this strategy is aligned where applicable to public opinions and their perceptions of need.

27. Following the consultation, the Nottinghamshire and Nottingham City Suicide Prevention Steering group will develop a detailed suicide prevention action/delivery plan.

Financial Implications

28. There are no immediate additional financial implications resulting from adoption of the No Health without Mental Health Nottinghamshire's strategy – 2014/17. The focus is initially on optimising ways of working across organisations in order to produce the desired outcomes.

29. The proposed cost for undertaking a consultation on the draft Nottinghamshire Suicide Prevention Strategy 201/17 is approximately £500.

Equality Impact Assessment

30. A full summary of the Mental Health strategy consultation results with regard to equality impact is also given in the associated Equality Impact Assessment and is attached to this report. (refer to Appendix 3)

31. A full Equality Impact Assessment of Suicide Prevention strategy will be undertaken in accordance with the NCC Equality and Diversity Policies following the consultation.

RECOMMENDATION/S

1) To endorse the final No Health Without Mental Health – Nottinghamshire's Mental Health Strategy – 2014/17
2) To support the proposed public consultation on the draft Nottinghamshire Suicide Prevention Strategy 2014/17
3) To endorse the next steps in the development of these strategies

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (SB 14/08/14))

32.   HWB is the appropriate body to review the strategy and recommend it for adoption by Policy Committee

Financial Comments (NS 13/08/14)

33.   The financial implications are outlined in paragraphs 28 and 29 of this report.

Background Papers and Published Documents

34.   Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- No health without mental health: A Cross-Government Mental Health Outcomes
- Strategy for People of All Ages, DH 2011
- HM Government. September 2012. Preventing suicide in England. A cross government outcomes strategy to save lives.
- Department of Health. December 2013. No health without Mental Health. Mental Health Dashboard
- Health and Social Care Act (2012)
- Public Health, NHS and Adult Social Care Outcomes Frameworks
- Care Act (2014)
- Nottinghamshire Joint Strategic Needs Assessment (JSNA)
- Nottinghamshire Health and Wellbeing Strategy 2014/16
- Nottinghamshire Dementia Strategy 2013
- Nottinghamshire Children and Young People Mental Health and Emotional
- Wellbeing Strategy 2014-16
- The Mental Health and Emotional Well-being of Children and Young People in Nottinghamshire – Health Needs Assessment 2013
- Nottinghamshire Workplace Health strategy 2014-2017 (draft**)**

Appendix 1:

NO HEALTH WITHOUT MENTAL HEALTH NOTTINGHAMSHIRE'S MENTAL HEALTH STRATEGY 2014-2017 - FINAL

EXECUTIVE SUMMARY:

The *No Health without Mental Health, Nottinghamshire's Mental Health Strategy, 2014-2017*, demonstrates Nottinghamshire County ambition to improve the mental health and wellbeing of its residents of all ages.[*]

Mental health is defined by the World Health Organisation as a *"state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."*[i] Mental health is fundamental to our physical health, our relationships, our education and our work. There is no health without mental health.

Mental health problems[**] impact on individuals, families, communities and society as a whole, with immense associated social and financial costs and they contribute to perpetuating cycles of inequality through generations. Mental illness is an important cause of social inequality as well as a consequence. Mental health problems contribute a higher percentage of total disability adjusted life years in the UK than any other chronic illness[ii]. Recent estimates put the full cost of mental health problems in England at £105.2 billion[iii], and mental illness accounts for about 13% of total National Health Service (NHS) spend[iv].

The causes and influences of mental health problems are wide ranging and interacting. Often they occur because of adverse events in our lives, and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment interact and affect how resilient we are in coping with these challenges.

Good quality personalised treatment and care is vital for people of all ages with mental health problems and achieving equal status for mental and physical healthcare is a key national driver. However, it has been estimated that even if all those with mental illness were given the best available treatment, the total burden of disability across the population would still be considerable[v], demonstrating the importance of wider supportive networks in enabling people to live full and meaningful lives. Since mental illness is under diagnosed, and treatment is only part of an effective response, this

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[*] This strategy takes a life course approach which recognises that mental health problems often start in childhood, and that opportunities to promote and protect good mental health arise from pre conception through to old age. Aligned to this strategy is the **Nottinghamshire Children and Young People Mental Health and Emotional Wellbeing Strategy 2014-16** which promotes mental health and wellbeing prevention and effective interventions in children and young people. Dementia is covered in the **Nottinghamshire Dementia Strategy – 2013.**

[**] 'Mental health problems' is an umbrella term used to describe the full range of diagnosable mental illnesses and disorders, including personality disorder.

highlights the need to address the wider risk factors for poor mental health and increase the protective factors.

As well, as enhancing these protective factors for mental health, there is a good evidence base for a number of interventions that improve mental wellbeing[vi]. Improving mental health and wellbeing is associated with significant impacts for individuals and society, including better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved academic achievement, enhanced community participation, reduced sickness absence and improved productivity as well as reduced costs from welfare, health and social care[vii].

Mental health problems are very common- at least one in four people will experience mental distress[viii]. Mental health and physical health are interlinked, with people with mental illness experiencing higher rates of physical illness and lower life expectancy, and people with chronic physical health problems often experiencing mental health problems. Due to the continuing stigma that exist many individuals are reluctant to talk about any mental health problems they may have experienced. It is therefore easy to underestimate how widespread these issues are.

In Nottinghamshire, using national estimates, there are around 10,215 children and young people between the ages of 5 to 16 years that have 'any mental health disorder' and approximately 146,468 adults aged between 16 to 74 years experiencing common mental disorders (CMD) such as depression and anxiety, and over 3,000 adults with a severe mental illness (SMI). However, in deprived districts such as Bassetlaw, Mansfield and Ashfield where there are higher levels of risk factors for poor mental health contribute to higher levels of mental health problems.

In developing this strategy, as well as considering the objectives outlined in the national mental health strategy, No Health without Mental Health (2011)[ix] and the Nottinghamshire Joint Strategic Needs Assessment (JSNA)[x] for mental health, a wide range of stakeholders' views have been gathered in order to identify gaps in current services and what our key priorities in Nottinghamshire should be for improving mental health and wellbeing.

A wide range of stakeholders views were gathered in the development phase of the draft mental health strategy. A public and partner consultation was undertaken to form the development of the local No Health without Mental Health Nottinghamshire's Mental Health strategy which demonstrated a high level of support for improving mental health across Nottinghamshire and the need to produce a strategy that covered the mental health across all ages. Specific needs were identified as:

- Promoting mental resilience early in life
- Raise awareness of mental health symptoms and reduce stigma
- Capitalise on inter-agency working to improve pathways of care particularly in relation to early identification of mental health problems and those experiencing a mental health crisis
- Ensure that a good level of social care support and settle accommodation for people with mental health problems

To prevent carers from developing mental health problems it was identified as a need that increased level of support is required for young carers when their parents have a mental health problem and carers of all ages for those with a long term physical condition. Also, to enable recovery from mental health problems it was recommended that a holistic approach was required which would address the physical, mental health and wellbeing and social needs of people.

The five priorities in this strategy have clear, ambitious aims to improve Nottinghamshire residents' mental health and wellbeing:

(1) Promoting mental resilience and preventing mental health problems
(2) Identifying problems early and supporting effective interventions
(3) Improving outcomes through effective treatment and relapse prevention
(4) Ensuring effective support for those with mental health problems
(5) Improving the wellbeing and physical health of those with mental health problems

For each objective, a number of key areas for action will be developed through a review of the evidence base and highlighted by stakeholders.

Appendix 2:

NOTTINGHAMSHIRE AND NOTTINGHAM CITY SUICIDE PREVENTION STRATEGY 2014-2017 - DRAFT

EXECUTIVE SUMMARY:

In England, approximately one person dies every two hours as a result of suicide[xi]. Suicide is a major issue for society and a serious but preventable public health problem. Suicide can have lasting harmful impact- economically, psychologically and spiritually on individuals, families, and communities. While its causes are complex and no strategy can be expected to completely remove the tragedy of suicide, there is much that can be done to ensure that we reduce the likelihood of suicide and to ensure support is available for those at their most vulnerable.

There has been a slight increase in the Nottinghamshire and Nottingham City average rate of death by suicide or injury of undetermined intention. For the period 2008-10 Nottinghamshire rate of 6.9 per 100,000 population increased to 9.7 per 100,000 population in 2010-12, whilst the rate for Nottingham City for the same period was 7.8 per 100,000 population increasing slightly to 8.8 per 100,000 population, which is below the England average of 10.2 per 100,000 population.

Nationally more men die of suicide than women, the ratio of male to female suicide deaths is 3:1. For Nottinghamshire and Nottingham City the gender split in the suicide rate is in line with national suicide rates with men accounting for around three quarters of suicides.

There is a socio-economic gradient in suicide risk. Those in the poorest socio-economic group are 10 times more at risk of suicide than those in the most affluent group living in the most affluent areas. Nottinghamshire has a similar pattern, although due to small numbers we need to be cautious in interpretation of our local data. In Nottinghamshire and Nottingham City, for the period 2008-10 the highest rate of suicide occurred in the 35-64 age group, which is similar to the picture nationally. However, Nottinghamshire has a higher than the national rate in those aged 75 or over. These differences are not statistically significant due to the small numbers.

Suicide prevention goes hand in hand with addressing self- harm. People who self-harm are at increased risk of suicide. UK studies have estimated that in the year after an act of deliberate self-harm the risk of suicide is 30–50 times higher than in the general population. Non-fatal self-harm leading to hospital attendance is the strongest risk factor for completed suicide[xii]. Self-harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year[xiii].

For the period 2010-13, the Nottinghamshire rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0 -14years) was 85.2 per 100,000

population and for Nottingham City the rate was 86.4 per 100,000 population. For the age range of 15-24, the Nottinghamshire rate was 120.4 per 100,000 per population and for Nottingham City the rate was 94.7 per 100,000 population. Both rates are better than the national averages of 103.8 per 100,000 and 130.7 per 100,000 population, respectively.

This strategy outlines the ways in which Nottinghamshire County and Nottingham City Public Health and local partners aim to work towards a reduction in suicides and self-harm amongst the population of Nottinghamshire and Nottingham City in line with the national suicide prevention strategy for England (2012)[xi] and the national mental health strategy – No health without mental health (2011)[ix].

Overall proposed aims of this strategy:

> ➢ ***To reduce the rate of suicide and self-harm in the Nottinghamshire and Nottingham City population***

The following proposed priorities have been identified as the local key areas for action in Nottinghamshire and Nottingham City:

> **Proposed priority 1:** ***Identify early those groups at high risk of suicide and self-harm groups*** and support effective interventions

> **Proposed priority 2:** Review of ***timely suicide and self-harm data*** in order to better understand the local needs

> **Proposed priority 3:** Access effective support for those ***bereaved or affected by suicide***

> **Proposed priority 4:** ***Engage with media personnel*** to agree on sensitive approaches to reporting suicide and suicidal behaviour

> **Proposed priority 5:** Improve the understanding and care for people at risk of suicide and self-harm through ***training of frontline staff*** to deal with at risk of suicide and self-harm behaviour

This strategy is aligned and supports the delivery of a number of other local strategies, including:

> ➢ No health without mental health, Nottinghamshire's Mental Health strategy (draft) 2014-17
> ➢ Nottingham City Wellness in Mind – Mental Health Strategy for Nottingham (draft) 2014-2017
> ➢ Nottinghamshire Children and Young People (CYP) Mental Health and Emotional Wellbeing Strategy 2014-16.
> ➢ Nottingham City Children's and Young Peoples plan 2010-14

All of the above strategies place an emphasis on prevention, early identification and intervention to ensure that people of all ages have the opportunity to enjoy good mental health and wellbeing.

Prevention of suicide calls for working across sectors at local and national level. There is need to tackle all the factors which may increase the risk of suicide and self-harm in the communities where they occur if our efforts are to be effective. Suicide prevention is most effective when it is addressed across the life course and when combined with wider prevention strategies that address improving the mental health and wellbeing of the population and the wider determinants that impact on health, such as: employment, low income and housing.

Appendix 3: EQUALITY IMPACT ASSESSMENT (EIA) FORM

Name of strategy, policy or plan:
No Health without Mental Health Nottinghamshire's Mental Health Strategy – 2014-2017

One in four people will encounter mental health problems[3] at some stage of life. Mental health is a key priority for Nottingham City because there is evidence to suggest that people living in Nottingham City have lower levels of good mental health and wellbeing compared to the national level.

Mental health has been recognised as a key issue for Nottinghamshire and this strategy has been developed in partnership - by the Children's, Adults and Older People Integrated Commissioning Groups, Nottinghamshire Clinical Commissioning Groups Nottinghamshire Healthcare NHS Trust, and Nottinghamshire County Council, in addition to other partners represented at the Health and Wellbeing Board. Mental health has already been identified as a priority in the Nottinghamshire Health and Wellbeing Strategy 2014/17.

The national strategy for mental health published in February 2011, was entitled 'No Health Without Mental Health' in recognition of the fact that mental health and physical are inseparable. It also gave weight to the campaign for mental health to be given equal status to physical health, both by health professionals and by society as a whole. We wish to ensure that this is fully implemented in Nottinghamshire, by bringing together efforts to improve mental health and wellbeing across the whole of the county.

A new county wide strategy entitled No Health without Mental Health Nottinghamshire's Mental Health Strategy 2014/17 has been developed to co-ordinate this work. The strategy aims to:
- ensure improvements in mental wellbeing for the whole population
- result in fewer people suffering from mental health problems
- result in fewer people suffering disability due to mental health conditions
- ensure that those with mental health problems and their carers feel supported to live with their condition
- enable communities to take their own actions to foster positive mental health and mental wellbeing.
- reduce the stigma associated with mental health problems, and ensure equality with physical health

Name of person leading the EIA: Susan March

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[3] The phrase 'mental health problem' mirrors the terminology used in the National Strategy 'No Health Without Mental Health', and is used as an umbrella term to describe the full range of diagnosable mental illnesses and disorders, including personality disorder.

Name(s) of other person(s) involved:	Barbara Brady

Authors initial assessment of adverse impact on minority groups:	High ☐ Medium √☐ Low ☐

Date EIA completed:	29th of July 2014

Are there any connected plans that have already had an EIA undertaken?	Yes ☐ No √☐ If yes, please state:

Who has been consulted in the completion of the EIA? (Please give individual or group names as appropriate.)

Include a summary of any comments they have made. (Please state if they didn't comment.)

Information used to analyse the effects on equality

The Joint Strategic Needs Assessment for Nottinghamshire has been used as a source of information for considering equity in relation to the strategy.

The strategy has been consulted on in two stages. During the first phase of its development, key stakeholders have been consulted on its content and structure following early stakeholder workshops to identify its strategic priorities. Once the strategy was in final draft stage, Nottinghamshire County Council undertook a full formal public and partner consultation exercise between the 12th of May and 4th of July 2014

The council used a variety of communication channels to publicise the strategy during consultation including:
- a link to a web based survey, with named contact to obtain paper version where required
- named contact for responses with email, telephone number and address available to enable people to use other formats to the web based survey
- hard copies of the strategy and survey were available in all libraries across Nottinghamshire
- the consultation was advertised in all GP practises across Nottinghamshire
- email communication to relevant heads of service across health and social care services and the voluntary sector with request to cascade to relevant partners and staff
- cascades through organisations and individuals with links to relevant communities of interest and third sector and community groups
- presentations at relevant forums such as the Clinical Commissioning Groups (CCG) Mental Health groups (where mental health and services users representative attend), Health and Wellbeing Board, CCG Mental Health commissioning groups and Mental Health Integrated Children's Adults and Older People Commissioning

groups.
- engagement through the Nottinghamshire NHS Healthcare Trust Involvement Centre for service users
- internal communications within Nottinghamshire County Council, CCG and Nottinghamshire NHS Healthcare Trust
- press release and promotion via social media
- discussion at various health and social meetings and events

Most respondents, rated between 90 to 95% to strongly agree and/or to agree that each of the 5 priorities was needed.

Specific needs were identified as:

- Promoting mental resilience early in life
- Promoting mental wellbeing in the workplace
- Improving physical activity to build mental resilience
- Raising awareness of mental health symptoms and reduce stigma
- Capitalising on inter-agency working to improve access and pathways of care particularly in relation to early identification of mental health problems and those experiencing a mental health crisis
- Access to longer term therapies for people experiencing trauma related stress and anxiety
- Ensure that a good level of social care support and settle accommodation for people with mental health problems.

The responses produced the following key headlines:

- To prevent carers from developing mental health problems it was identified as a need that increased level of support is required for young carers when their parents have a mental health problem and carers of all ages for those with a long term physical condition.
- More needs to be done to tackle the causes of mental health problems, such as, unemployment, financial problems and reducing stress levels
- Reduce waiting times to psychological therapies
- Improve access to mental health training for frontline workers
- Improve information on available mental health services
- To enable recovery from mental health problems it was recommended that a holistic approach was required which would address the physical, mental health and wellbeing and social needs of people.

Following the consultation the main change required within the strategy was the wording of priority 4 from ensuring *'adequate'* support to ensuring *'effective'* support as a number of respondents identified that *'adequate'* support was not based on NICE guidance.

Terms of reference

- To cover all equality strands, i.e. age, disability, gender, gender reassignment, race, religion or belief, sexual orientation, other area of social exclusion.
- To consider the transparency and methodology of the decision making.
- To extrapolate and apply in a meaningful way through action planning, a strategy to consider its impact on the equality strands.
- To identify any areas for improvement and development of the services arising out of the EIA in the seven equality areas inclusive of any others.
- To develop an appropriate action plan for any identified issues through consultation.
- To apply the findings of the EIA in a practical way by sharing the findings with our partners and utilising data as the basis of training in this area.

Equality / Diversity Area	Positive Impact (please select)		Adverse Impact (please select)		Unmet need in relation to equalities (please select)		Evidence
	Yes	No	Yes	No	Yes	No	
Age	√☐	☐	☐	☐	☐	☐	The strategy may have a mix of positive and negative effects of the following groups: Older or younger people • Younger people will benefit from improved adult mental health across the population, • Children and young people have mental health needs that are addressed through the Strategy and the Children and Young People's Strategy, and review of services. However, transition into adult hood and adult services are a potential gap • Older people have specific mental health needs that will be addressed through this strategy Actions: • Strategies to build mental resilience in children and young people • Consider direct and indirect effects of adult mental health on children's wellbeing • Include specific interventions that will impact on children's wellbeing such as positive parenting, and maternity services • Work with children's services to improve transition between young peoples' and adult services • Involve older people's groups in ensuring that specific mental health and wellbeing needs of older people are addressed
Disability	√☐	☐	☐	☐	☐	☐	Disabled people or carers • Disabled people and those with long term conditions are at increased risk of mental health problems • Carers are also at risk of problems with their physical and

							mental health due to the strain of their caring role • Based upon previous audit in 2011[i], despite higher levels of need amongst adults with learning disabilities or sensory impairments, they were found to access services less than the general population. • The Nottingham autism strategy has identified that there is a need for better recording of Autism Spectrum Conditions (ASC) in order to understand the needs of this group and their carers. It is understood that people with ASC experience higher rates of mental health problems. . Actions: • Involve carers in the development and implementation of the action plans • Consider ways in which carers can be screened for signs of mental health problem • Make links with the Autism Strategy to increase identification and appropriate support for people with ASC
Gender / Gender reassignment	√☐	☐	☐	☐	☐	☐	Lesbian, gay or bisexual people • Lesbian, gay and bisexual people have a higher risk of mental health problems Actions: • Work closely with LGBT community of interest groups to ensure services are responsive to their needs
Race	√☐	☐	☐	☐	☐	☐	Ethnicity • Black persons (British and non-British) and various ethnic minority groups are known to have different levels of risk for mental health problems. There may however be problems at times with under or over diagnosis of conditions in some groups. • Expressions of cultural beliefs can sometimes be perceived

							as mental health problems by public and professionals • Cultural responses to mental health problems differ between ethnic groups, often affecting the likelihood of seeking or accepting professional help. • Previous audit[xiv] has shown that Asian/Asian British groups use the services less than would be expected, and that Black/Black British groups had a significantly poorer outcome than White ethnic groups. Actions: • Work closely with BME groups to ensure services are responsive to cultural needs • Further explore the reasons why BME groups access services less • Repeat audit of access to and outcomes from services by ethnic group, either as a discrete audit or as part of service reviews
Religion or belief	√☐	☐	☐	☐	☐	☐	People from different faith groups • Faith is an important part of life for many people belonging to an ethnic minority group and is therefore highly relevant for this reason • Certain faith groups may experience tensions between different faith communities, or at the extreme may be victims of crime based upon their religion which will adversely affect mental health Actions: • Support faith groups in understanding the needs of, and in providing support to people with mental health problems • Support interfaith projects linked with mental health that will help to increase understanding and community cohesion
Sexual orientation	√☐	☐	☐	☐	☐	☐	Sex • Prevalence of certain mental health problems differs by sex • The way that men and women respond to mental health problems differs as a whole

							• Women are at risk of specific mental health problems due to pregnancy and childbirth, other issues may include sexual violence • Transgender people are at higher risk of mental health problems Actions: • Work with providers of services to ensure services meet specific needs based on sex and other protected characteristics
Other area of social exclusion	√☐	☐	☐	☐	☐	☐	Other • Reduction in stigma is linked closely to community cohesion and vice versa • Promotion of mental wellbeing and increasing resilience in communities through community development will have positive impacts for mental health and enhance relationships • Adults with enduring mental health problems are also likely to be defined as vulnerable adults, provision of adequate support is key to enabling them to maximise their own mental wellbeing Actions: • Raise awareness on mental health problems • Work with employers to consider recruiting and/or maintaining people with mental health problems in the workplace • Ensure that services meet needs of vulnerable adults

Conclusions and recommendations (these should include the way in which the assessment has addressed any comments from those who have been consulted).

Identified Issues	Action required	Lead Officer	Timescale

References:
(List any relevant background papers)

Validation:
(state how the strategy will be validated)

The strategy will be endorsed and signed off by the Health and Wellbeing Board,

The EIA for the strategy should be reviewed in 6 months, by which time all action plans will be in place. Each of the three action plans should have an EIA completed to ensure that effects on all protected groups are considered, for example in any changes to ways of working as a result of the strategy.

Monitoring of the implementation of the action plans, and data on access to services by specific groups will form part of the indicators to be monitored.

When you have completed this EIA, send it to the Business Manager for your division.

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Business manager to complete:

Date approved by Service Director:

Date sent for publication:

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