Nottinghamshire County Council

No Health without Mental Health, Nottinghamshire's Mental Health Strategy

2014-2017
(Draft – May 2014)

Developed by the Nottinghamshire Mental Health/Learning Disability/Autism and the CAMHS Integrated Commissioning Groups in partnership with the Nottinghamshire Health and Wellbeing Board.

NHS Nottingham West Clinical Commissioning Group

NHS Bassetlaw Clinical Commissioning Group

NHS Rushcliffe Clinical Commissioning Group

NHS Newark and Sherwood Clinical Commissioning Group

Mansfield and Ashfield NHS

NHS Nottingham North and East Clinical Commissioning Group

Welcome to the Mental Health Strategy (Draft)

Foreword:

Welcome to the Nottinghamshire Mental Health Strategy 2014 – 2017 (draft). Here we set out our ambition over the next three years to improve the mental health and emotional wellbeing of our Nottinghamshire residents and meet the aims of the national mental health strategy.

We are already rising to the challenge of improving mental health and wellbeing and have achieved some key successes in recent years - but we know we need to go further to achieve our ambitions for Nottinghamshire.

Mental health is ***'everybody's business'***. Change on this scale cannot be delivered by organisations working alone. We are committed to working together with individuals, families, employers, educators, communities and the public, private and voluntary sectors to promote better mental health and to drive transformation.

I am delighted that Nottinghamshire County Council has recently signed up to the Mental Health Challenge Programme. As part of that challenge programme I have taken up the role of Mental Health Champion for the Council. I am proud to undertake this role, one of my new responsibilities is to ensure that the Council considers mental health issues in relation to all its policies and procedures. Developing this strategy is the first step to improving the mental health and well-being of all our residents. I know together we can rise to this challenge successfully.

I would like to take this opportunity to thank all of the organisations that have contributed to this strategy and committed to making it a success. Our partnership approach will help us to drive forward improvement and make a positive impact on the support and services for local people in Nottinghamshire.

Councillor Joyce Bosnjak
Chair of the Nottinghamshire Health and Wellbeing Board

Mental health is something that affects – how we think and feel about ourselves and others, how we cope with difficult situations and how we manage our lives. Good mental health and wellbeing, have been shown to result in health, social and economic benefits for individuals, communities and society. The Nottinghamshire Health and Well being Board understands how widespread mental health problems are in Nottinghamshire, from someone experiencing a period of depression due to personal hardship, to an individual living with psychosis.

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, and our work to achieving our potential. This is why improving mental health outcomes for local people remains one of our top priorities.

This strategy takes a life course approach. This means we will focus on the needs of children and young people, adults and older people in Nottinghamshire, and particularly those who are more vulnerable to developing mental health and emotional wellbeing problems. To improve mental health we need to take a more proactive approach – by

doing more in building resilience, preventing ill health, intervening early and improving the physical health and promoting recovery for those with mental health problems.

Stigma and discrimination surrounding mental health problems may still exist in our community. This means that for some people, they do not openly talk about their mental health problems. This can leave those people with a mental health problem and their families/carers feeling socially isolated and alone. We need to do more in breaking down these barriers so that people get the right help at the right time and families/carers get the right support.

Our strategy sets out an integrated approach with all our partners to make a real difference to the lives of people in Nottinghamshire with mental health problems and their families. We welcome your comments on the strategy.

Dr Chris Kenny
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Executive summary

The ***No Health without Mental Health, Nottinghamshire's Mental Health Strategy, 2014-2017*** **(Draft),** 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."*[1] 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[2]. Recent estimates put the full cost of mental health problems in England at £105.2 billion[3], and mental illness accounts for about 13% of total National Health Service (NHS) spend[4].

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 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[5], 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 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 [6]. Improving mental health and wellbeing is associated with significant impacts for individuals and society, including better physical health, longer life expectancy, reduced inequalities,

* 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.

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[7].

Mental health problems are very common- at least one in four people will experience mental distress[8]. 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 16,000 children and young people between the ages of 5 to 19 years that have 'any mental health disorder' and approximately 86,500 adults 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 (draft), as well as considering the objectives outlined in the national mental health strategy, No Health without Mental Health (2011)[9] and the Nottinghamshire Joint Strategic Needs Assessment (JSNA)[10] for mental health, a wide range of stakeholders' views have been gathered in order to identify gaps in current services and what our proposed key priorities in Nottinghamshire should be for improving mental health and wellbeing.

Our plans are to undertake a public consultation through public events, workshops, open dialogue with service user and carer groups, statutory and third sector partners and other frontline staff in order to gain views of the actions we need to take forward to address the five strategic priorities.

The five proposed 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 adequate 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.

1. OUR VISION FOR NOTTINGHAMSHIRE

This draft strategy titled *'**No Health without Mental Health, Nottinghamshire's Mental Health Strategy - 2014-2017'*** demonstrates our ambition to meet the objectives set out in the government's No Health without Mental Health, a national strategy for mental health in England, published by the Department of Health in 2011[9].

We have made good progress in improving and developing services for people with mental health problems* in Nottinghamshire through increasing access to psychological therapies, offering support for people to recover from their mental health conditions and improving access to suitable long term accommodation in the community. However, we are committed to making further progress to ensure we support all our residents, especially the most vulnerable. This is reflected in our vision for the Nottinghamshire outlined in box 1.

Box 1: Nottinghamshire Mental Health strategic vision

"For everyone in Nottinghamshire, our vision is to work together to give equal status to mental health and physical health, promoting positive mental health, preventing mental ill health and intervening early when people become unwell. We aim to inspire confidence in people and families using mental health services by ensuring that mental health services are safe and effective, and promote recovery from mental health problems, so that, all using the services will reach their full potential, be encouraged to live independently and have an enhanced quality of life."

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

2. NATIONAL DRIVERS

This strategy responds to the national mental health strategy, **No health without mental health (2011)**[9] which defines the outcomes that health and social care organisations should seek to achieve for their populations, along with recommendations for action. The outcomes are listed in box 2 below:

Box 2: National No health without mental health strategy six outcomes

NO HEALTH WITHOUT MENTAL HEALTH OUTCOMES
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

There are three national outcomes frameworks that include specific indicators for mental health (including the wider determinants of mental health) of adults, young people and children: the **Public Health Outcomes Framework**[11], the **NHS Outcomes Framework**[12] and the **Adult Social Care Outcomes Framework**[13]. Appendix 1.

In 2012 the Government published **Preventing Suicide in England**[14], a cross-government strategy which aims to reduce the suicide rate in England and better support those bereaved or affected by suicide. In common with No health without mental health (2011)[9] it aims to improve mental health and improve early support for people experiencing mental health problems. It also focuses on improving monitoring of suicide and particularly tailoring support to high risk groups.

Closing the Gap: Priorities for essential change in mental health[15] was published by government in January 2014 to support the delivery of the national No Health without Mental Health strategy(2011)[9] and the national Suicide Prevention Strategy. It is intended to bridge the gap between long term strategic ambitions and short term actions through 25 priorities for action.

Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis[16] was published by the government in February 2014. The concordat outlines a vision for health, social care and emergency services work together to deliver a high quality response when people of all ages with mental health problems urgently need help.

Parity of esteem

Most importantly, the **Health and Social Care Act (2012)**[17] requires the NHS, local authority including social care services to deliver ***"parity of esteem"*** between mental and physical health by providing a holistic, 'whole person' approach to every individual, whatever their needs are. A ***"parity approach"*** gives equal status to mental health and physical healthcare. This means that the standards of care for people with mental health problems are at least as good as those for people with physical health problems.

The Royal College of Psychiatrists report titled 'Whole-person care: from rhetoric to reality' (March 2013)[18] identifies the following implications in achieving 'parity approach' and include:

- Equal access to the most effective and safe care and treatment
- Equal efforts to improve care
- Equal allocation of time, effort and resources in relation to need
- Equal status within healthcare education and practice
- Equally high aspirations of service users and
- Equal status to the measurement of health outcomes.
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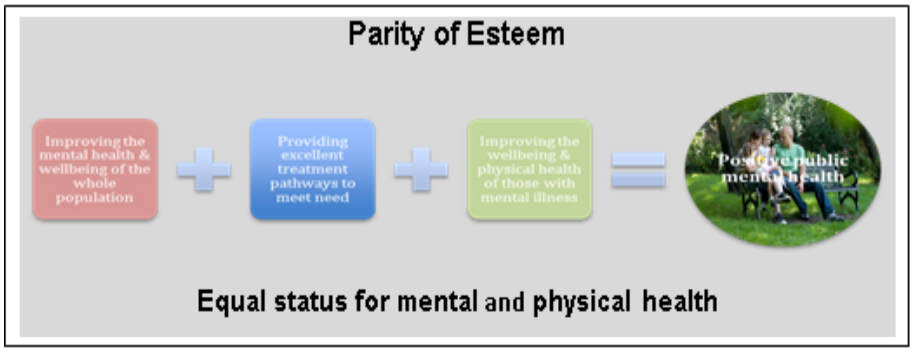
In summary the ***three key elements*** to improving the population's mental health have been identified, as shown below:



This strategy encompasses all the parity of esteem elements.

3. OVERVIEW OF OUR AIMS AND PRIORITIES FOR THIS STRATEGY

Our proposed strategic priorities (Draft) are ambitious and far reaching, but we are confident these priorities will prevent mental health problems from developing and support people with a mental health problem to recover.

The aims of this Nottinghamshire strategy are outlined in box 3 below:

Box 3: Aims of the No Health without Mental Health, Nottinghamshire's Strategy

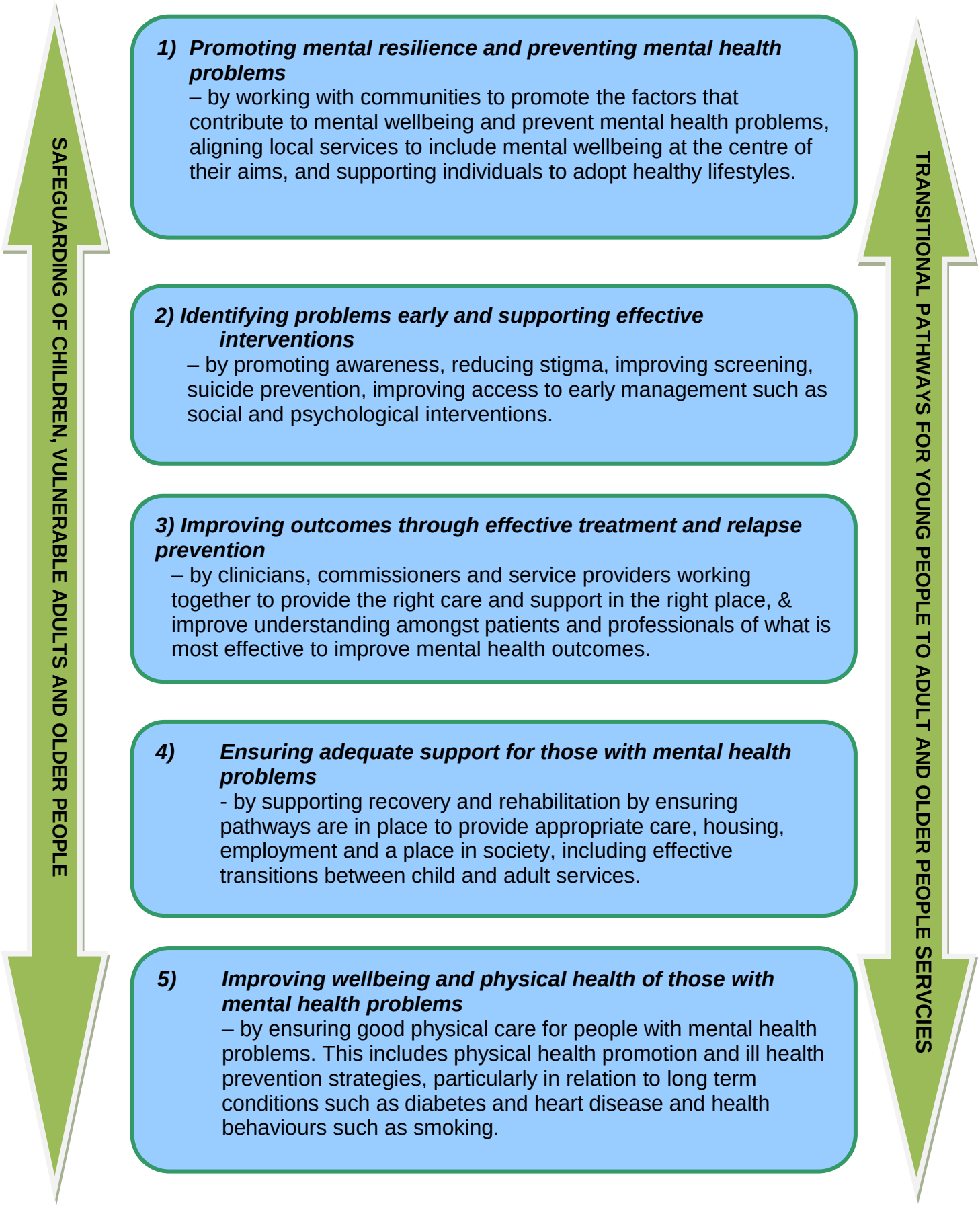
- Taking a ***life course approach*** ensuring a good start in life in order to prevent and reduce the causes of mental ill health
- Addressing ***stigma and discrimination*** and ensuring that mental health is ***everybody's business***
- ***Identifying mental health problems*** and promoting early intervention
- Ensuring that the ***physical health needs*** of those with mental health problems are addressed
- Improving ***access to psychological therapies*****,** including therapies for children and young people with a serious mental health conditions
- Ensuring mental health services embed a ***recovery model of care*** into all services to promote independence and choice

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.

This strategy incorporates the main elements of the **Nottinghamshire Children and Young People (CYP) Mental Health and Emotional Wellbeing Strategy 2014-16.** The CYP strategy places an emphasis on prevention, early identification and intervention to ensure that all children and young people enjoy good mental health and wellbeing, including the most vulnerable such as children looked after by the local authority. Dementia is covered in the **Nottinghamshire Dementia Strategy – 2013.**

This strategy is also aligned with other local strategies and plans detailed in Appendix 3.

The proposed strategic priorities are;



4. What is mental health?

What is good mental health?

Mental health is not just the absence of a mental health conditions, but the foundation for wellbeing and effective functioning of individuals and communities[19]. It is defined as '*a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Where health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*[20]*.*'

What is mental wellbeing?

Mental wellbeing is a ***'dynamic state'****,* in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society[21]*.'*

The New Economics Foundation (nef) describe wellbeing as conceptualising people's subjective experience and feeling, where it is the interaction between one's circumstances, activities and psychological resources ***(sometimes also called 'mental capital')*** that matter.

The nef concepts of wellbeing include:

- ***Personal wellbeing*** = positive functioning, vitality, resilience and self-esteem, life satisfaction and emotional wellbeing
- ***Social wellbeing*** = supportive relationships, trust and belonging
- ***Wellbeing at work*** = job security, job satisfaction, work-life balance satisfaction, working conditions and emotional experience at work[22].

Mental wellbeing is a fundamental component of good health. Mental health problems are hugely costly to the individual and to society, and lack of mental wellbeing underpins many physical diseases, unhealthy lifestyles and social inequalities in health.

Therefore, mental health and wellbeing are fundamental to the quality of life and productivity of all of us, as well as our family, community and nation. Good mental health enables us to experience life as meaningful, creative and active citizens[20].

Good mental health and wellbeing has many benefits, which include:[9]

- Better physical health;
- Reductions in health damaging behaviour;
- Greater educational achievement;

- Improved productivity;
- Higher incomes
- Reduced absenteeism;
- Less crime;
- More participation in community life;
- Improved overall functioning; and
- Reduced premature mortality.

What is mental ill health?

Mental Illness is generally categorised into Common Mental Disorders (CMD) and Severe Mental Illness (SMI). Box 4 below describes these mental illness categories.

Box 4: Mental illness categories

What is a common mental health disorder (CMD)?[23]	**What is a severe mental health illness (SMI)?[23]**
Common mental health disorders are those which tend to occur most often. People with CMD have more severe reactions to emotional experiences than the average person. For example, this may mean developing depression rather than feeling low, or having panic attacks rather than experiencing feelings of mild anxiety. This includes conditions such as depression, anxiety disorders, obsessive compulsive disorders and post traumatic stress disorder. In the past common mental health disorders were called neurotic conditions'.	Severe mental health problems are less common. They disrupt a person's perception of reality, their thoughts and judgement, and affect their ability to think clearly. People affected may see, hear, smell or feel things that nobody else can. This includes conditions such as schizophrenia and bipolar disorder (formerly known as manic depression); paranoia and hallucinations Severe mental health illness may be referred to as psychotic conditions.

Why is mental health a priority?

Mental health problems are common, disabling and costly.

- Mental health problems represents up to ***23% of the total burden of ill health*** (includes dementia and substance misuse) in the UK and is the largest single cause of disability compared to 16% each for cardiovascular disease and cancer)[24]

- ***At least one in four people*** will experience a mental health problem and almost half of all adults will experience at least one episode of depression during their lifetime[25]

- At any one time ***1 in 6 people will suffer from a CMD***, like depression or anxiety[26] which can be wide ranging in severity.

- Mental health problems can affect approximately ***10% of children aged between five and sixteen[27]***

- People with mental health problems have ***poor physical health outcomes*** and research show that they die far younger (up to 20 years younger for people with schizophrenia)[28,29]

- Around 30% of people with a long-term physical health condition will also have a mental health problem, and of those with a mental health problem, around 45% will also have a long-term physical health condition[30]

- Mental health problems are responsible for ***more sickness absence*** than any other illness[31,32]

- Mental, emotional or psychological problems, many of which fall short of diagnosable mental health conditions, together ***account for more disability than all physical health problems*** put together[33]

- ***Mental health problems are under diagnosed and under treated*** - only a minority of people with clinically recognisable mental health conditions in the UK receive and treatment[34]

- Mental health problems ***represent the largest single cost to the NHS*** (13% of current spending)[35]

- Mental health conditions ***costs England approximately £105 billion each year*** once its impact on work, crime and violence has been taken into account[36]

- Protection against mental health conditions by ***reducing risk factors and increasing protective factors is important*** because treatment for mental health conditions is only partially effective. It has been estimated that if all those with mental health conditions were given the best available treatment, the total burden of mental health conditions would reduce by only 28%[37]

- By 2026, the number of people in England who experience a mental health problem is ***projected to increase*** by 14% from 8.65million in 2007 to 9.88 million[38], however this does not take account of the current economic climate which is likely to increase prevalence.

Mental health problems: Cause and consequence of social inequality

Mental health problems are an ***important cause of social inequality, violence and unemployment as well as a consequence***. Mental health problems in childhood and adolescence can result in:

- Reduce educational achievement and employability[39,40] and also
- Increase the risk of impaired relationships, drug and alcohol misuse, violence and crime[41,42].

The experience of mental health problems ***further exacerbates social inequalities*** because of its impact on employment and housing status. Half of all mental health conditions start by the age of 14[43],[44] and 75% by mid 20s[45].

Low income[46], debt[47], violence[48], stressful life events[49] and unemployment[50,51] are ***key risk factors for mental health problems.*** The two-way relationship between mental health conditions and social inequality can prove difficult to unravel.

What is public mental health?

Public mental health is about improving mental health and wellbeing and preventing mental health problems through the organized efforts and informed choices of society, organisations, public and private, communities and individuals.

Public mental health aims to improve the mental wellbeing and reduce the burden of mental health problems across the ***whole population.*** This can be achieved through:

- Assessing the risk factors and understanding the level of mental health problems and what works to help us have good mental wellbeing

- Delivering appropriate evidence based interventions that promote emotional wellbeing and prevent mental health problems

- Ensuring those people at 'higher risk' of mental health problems and poor emotional wellbeing have access to mental health treatments early and are prioritised for services in proportion to their needs.

Latest evidence suggests taking a ***population level approach*** is needed to promote wellbeing that enables individuals to function in families, communities and society[52]. A population approach recognises the importance of good mental wellbeing in childhood and adolescence for positive mental wellbeing in adulthood and old age. The more people there are in a community who have high levels of emotional and social wellbeing, the more resilient a community is to support those with acute mental health problems[53].

The New Economics Foundation (nef) was commissioned by the Government's Foresight project on ***Mental Capital and Wellbeing*** to develop a set of evidence-based actions to improve personal wellbeing[52]. From this report ***The Five Ways of Wellbeing (2008)[22]*** was developed which sets out the evidenced-based actions which promote well-being. The five actions important for wellbeing are shown in box 5 below:

Box 5: The Five Ways of Wellbeing actions

Five actions important for wellbeing:

1. *Connect* – make time to build relationships with other people

2. *Be active* – take part in regular exercise and activity

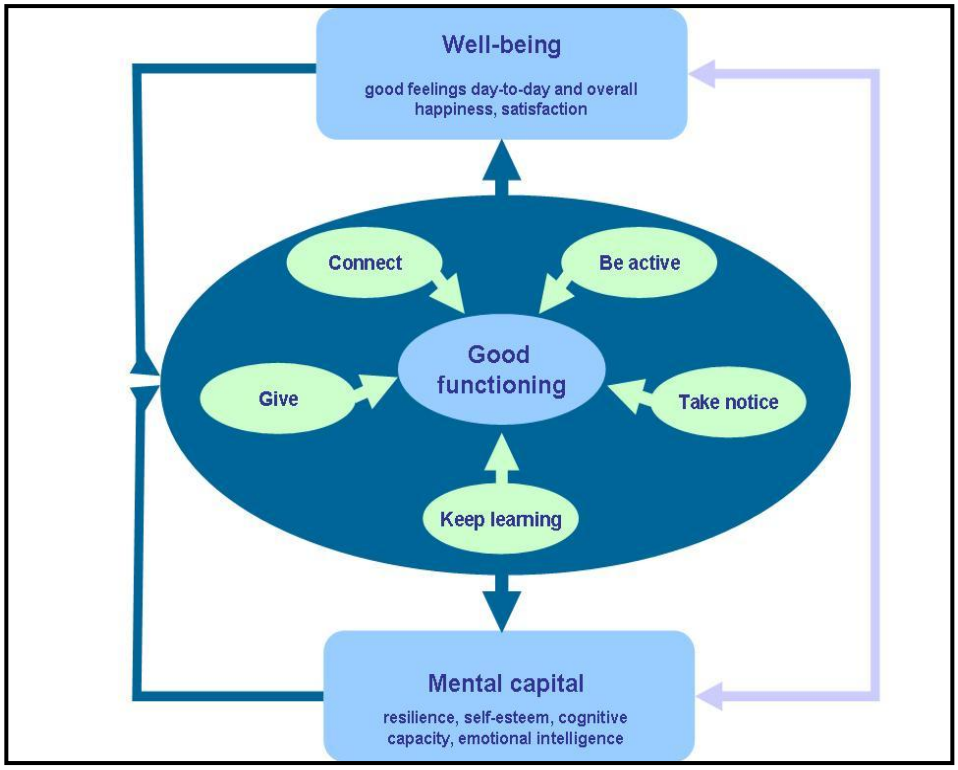
3. *Take notice* – be aware of what is taking place in the present and savour the moment

4. *Keep learning* – continue learning and try new things throughout your life

5. *Giving* – helping others and carrying out acts of kindness

Figure 1 gives a diagrammatic representation of ***The Five Ways of Wellbeing (2008)***[22] and shows that approaches to improving mental wellbeing has a positive effect up mental wellbeing and improvements in mental capital across the population.

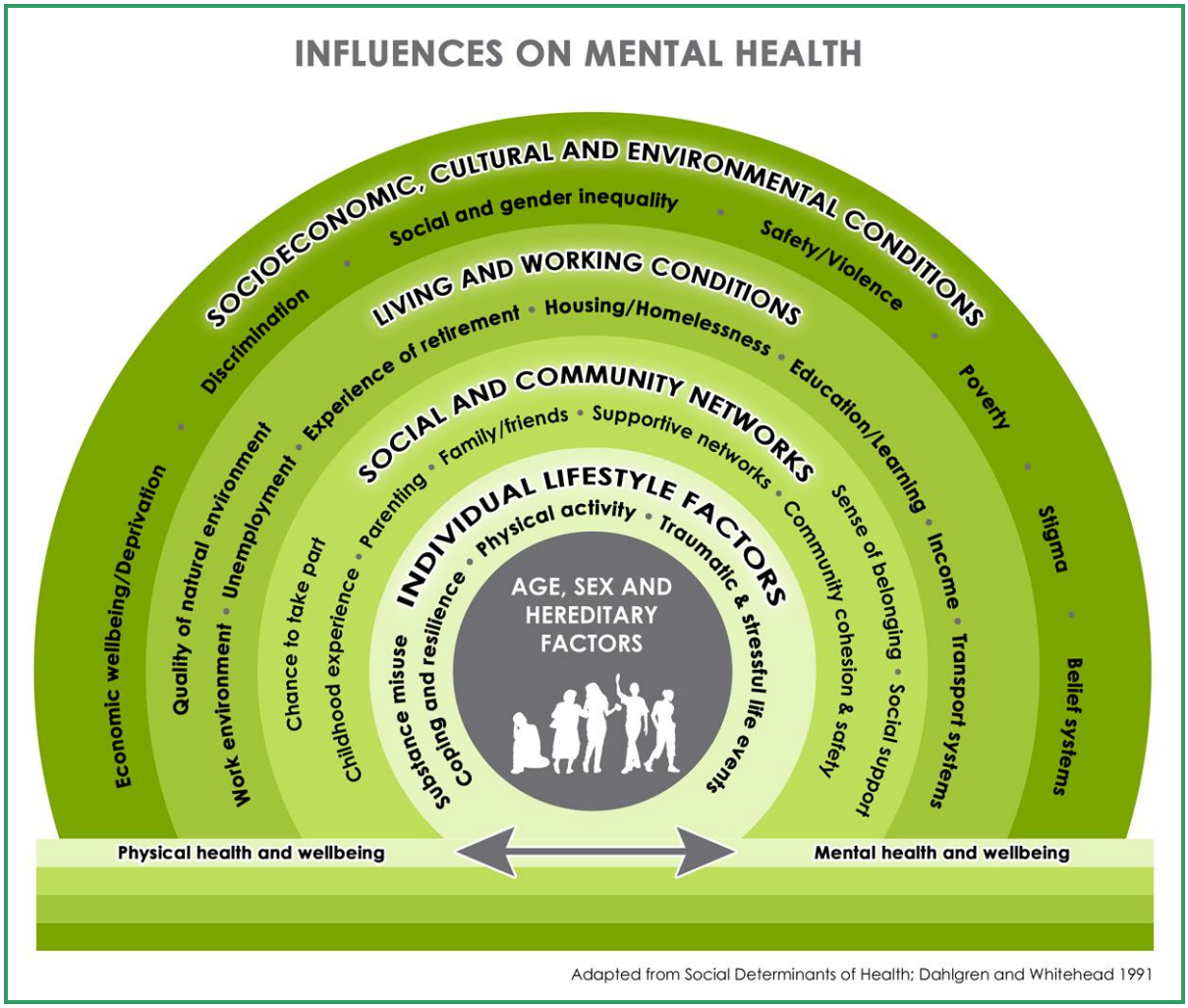
Figure 1: Five Ways to Wellbeing (from the Foresight Report 2008)



Are some people more likely to develop mental health problems than others?

The determinants or influences on a person's mental health and wellbeing are shown in figure 2.

Figure 2: Influencing factors on mental health



Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. These determinants for example, persistent socio-economic pressures, are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education.

Poor mental health is also associated with rapid social change, stressful work conditions, gender, age and race discrimination, social exclusion, unhealthy lifestyles, risks of violence and physical ill-health and human rights violations.

There are also specific psychological and personality factors that make people vulnerable to mental disorders. Also, some biological causes of mental disorders including genetic factors and imbalances in chemicals in the brain. In order to prevent mental health problems, it is important that we understand why some people are more likely to become unwell because the effects can be serious and debilitating[54].

There are a number of groups who are at particular risk of developing mental health problems:

1) WOMEN DURING PREGNANCY AND THE POST-NATAL PERIOD

As many as one in seven women will experience a mental health disorder in the perinatal period with approximately 10% of new mothers experiencing post natal depression[55]. To help minimise maternal ill health and limit adverse effects on the baby and other family members, early detection and identification, followed by prompt intervention at all levels of healthcare provision will be needed[56].

2) CHILDREN AND YOUNG PEOPLE

Risk factors for emotional and mental health problems in children and young people are summarized in box 6 below.

Box 6: Risk factors for emotional and mental health problems in children and young people

Child abuse	Poor parental mental health
Substance misuse	Parental substance misuse
Being in the youth justice system	Parental unemployment
Homelessness	Parent in prison
Physical and learning disability	Lone parent
Physical illness	Poor parenting skills
Special Educational Needs	Maternal stress during pregnancy
Gypsy or Traveller	Low household income
Not in training education or employment	Living in deprived areas
Lesbian, gay, bisexual or transgender	Living in social housing

Some children and young people may experience more than one of these risk factors at the same time.

The circumstances of children's early years are hugely important in terms of building emotional resilience and reducing the risk of developing mental ill health later in life. Mental health problems often have their roots in childhood. One in ten children aged between five and sixteen has a mental health problem, with a significant number continuing into adulthood. Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid- twenties[57]. Between 10% - 13% of 15 – 16 year olds self-harm. The prevalence of mental health conditions is higher in specific groups of children and young people:

- 36% of children and young people with learning disabilities[58]
- About 40% of deaf children have a mental health problem[59]
- About 60% of looked after children have a mental disorder[60]

Mental health problems in childhood are associated with poor outcomes in adulthood. Those who had severe conduct problems in childhood are more likely to have no

educational qualifications, be economically inactive and be known to the criminal justice system.

The following are some of the groups of children who are recognised to have disproportionately high levels of mental and emotional health disorders.

CHILDHOOD SEXUAL ABUSE

There is a strong association between childhood sexual abuse and mental health problems in adult life such as depressive symptoms, anxiety symptoms, substance abuse and personality disorders, eating disorders and post-traumatic stress disorders[61]. Women who have been sexually abused in childhood are also more likely to experience physical or sexual abuse as adults.

LOOKED AFTER CHILDREN

The emotional and mental health of looked after children is affected by both the factors that lead them to enter care, and their experiences as a looked after child[62]. Estimates suggest that about 45% of children in local authority care have a clinically recognisable mental health disorder compared to 10% of the general population[63]. The prevalence of mental health problems rises to 70% for children living in residential care[62].

YOUNG OFFENDERS

The prevalence of mental health problems among young offenders has been estimated as about 40%, rising to about 90% among those in custody[64].Most but not all recurrent juvenile offenders have conduct disorder.[65]

3) OLDER PEOPLE

The most common mental health problem in older people is depression. The number of older people in Nottinghamshire is expected to increase by 30-40% by 2025 as the population ages the increase in severe depression is expected to be 42%. Older people experience events and situations that may trigger depression.

RETIREMENT

Retirement can be a stressful event leading to feelings of low self-esteem and emptiness. Many people may find it difficult to adjust after many years of work, and relationships can be affected as couples spend much more time together.

BEREAVEMENT

Older people are more likely to experience the loss of someone close such as a partner, family member or friends.

LIMITED ABILITY TO BE PHYSICALLY ACTIVE

Physical activity has positive benefits for both physical and mental health and is particularly beneficial for certain conditions such as depression. But physical ability changes as people age and many older people find it more difficult to be physically active.

ALCOHOL MISUSE

About a third of older people with drinking problems (mainly women) develop them for the first time in later life and may resort to drinking due to bereavement, physical ill-health and pain, difficulty getting around and social isolation can lead to boredom and depression[66].

For the period 2005/06 to 2009/10, in Nottinghamshire hospital admissions 100% attributable to alcohol increased by almost 50% in the over 65 age group from 835 6o 1,227[67].

SOCIAL ISOLATION/LONELINESS

Regular contact with relatives and friends has been shown to be beneficial to the mental health of older people. Poverty and mobility problems may impact on the ability to maintain an active social life, and the death of friends or absence of family members living nearby may increase social isolation of older people.

PHYSICAL ILL HEALTH AND FRAILTY

Long term physical ill health and disability can have a profound effect on mental health and wellbeing. Older people are more likely to have long term physical health problems.

CARING RESPONSIBILITIES

Many older people have caring responsibilities either for a partner, an adult relative or grandchildren. Caring for someone with a physical or mental health problem can be stressful and impact on the mental wellbeing of the care giver.

MENTAL HEALTH PROBLEMS UNDIAGNOSED

Mental health conditions in older people may be undiagnosed, as older people are more reluctant to seek help, or it may be misdiagnosed as symptoms in older people can differ from those in younger age groups. In addition, symptoms such as agitation and anxiety may be mistaken for Parkinson's disease or Alzheimer's disease. Symptoms of depression such as lack of concentration, forgetfulness and loss of thinking ability may be misdiagnosed as dementia.

4) OTHER RISK FACTORS

SUBSTANCE MISUSE

A clear association exists between mental health conditions and drug and alcohol dependence, but the relationship is complex. People who misuse drugs and alcohol are at greater risk of both CMD and SMI. The term dual diagnosis is normally only used when a person has severe mental health problems and severe substance misuse problems that meet the criteria for specialist services[23], but many people with less severe substance misuse problems will experience mental health conditions.

LESBIAN, GAY, BISEXUAL OR TRANSGENDER (LGBT)

The National Institute for Mental Health in England (NIMHE) carried out a review that showed that LGBT people are at greater risk of suicidal behaviour and self harm. The risk of suicide is four times more likely in gay and bisexual men, whilst the risk of depression and anxiety were one and half times higher in LGBT people[68]. Stonewall's "Prescription for Change" report found higher rates of suicidal thoughts and self-harm in lesbian and bisexual women compared to women in general[69]. In addition, LGB people can face discrimination and poor experiences of care which can also impact on mental health.

HOMELESSNESS

People who are homeless or living in insecure accommodation have much higher rates of mental health conditions than the general population - around 70% of people

accessing homelessness services have a mental health problem[70]. People who are homeless can experience stigmatisation, isolation, the disruption of supportive relationships, substance misuse, physical illness and difficulty in obtaining medical care all combine to reduce the individual's likelihood of addressing their mental health problem successfully.

INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM

People with mental health problems are overrepresented in all parts of the criminal justice system. 90% of prisoners have a mental health problem and over 70% have two or more mental disorders. Yet less than 1% of offenders in the community are referred for mental health treatment[71].

MILITARY SERVICE

Service in Her Majesty Forces is generally associated with good mental and physical health. However, recent cases have drawn attention to Post Traumatic Stress Disorder (PTSD) and, more generally, to service-related mental health problems including mild traumatic brain injury (MTBI)[72]. Alcohol abuse is associated with service in the Armed Forces and there is evidence that it is more common among combat veterans[73].

WORKLESSNESS

It is well known that work is generally good for physical and mental health. The majority of people with mental health problems are working age adults, but mental health conditions can have a severe impact on an individual's ability to obtain and maintain employment.

CARING RESPONSIBILITIES

Many carers have little time for themselves and may neglect eating, taking regular physical exercise and maintaining a social life. Caring can be emotionally draining, stressful and affect sleep. As a consequence carers are at greater risk of mental health conditions.

DOMESTIC VIOLENCE

Women who experience domestic violence are more likely to have mental health problems including post-traumatic stress disorder (PTSD), depression, anxiety and suicidal thoughts[74].

ETHNIC AND CULTURAL BACKGROUNDS

Ethnic differences in mental health are controversial. Most of the data are based on treatment rates, which show that Black and Minority Ethnic (BME) people are much more likely to receive a diagnosis of mental health conditions than the White British population. However, surveys on the prevalence of mental health problems in the community show smaller ethnic differences. There is evidence of ethnic differences in risk factors that operate before a patient comes into contact with the health services, such as discrimination, social exclusion and urban living[75].

LONG TERM PHYSICAL HEALTH CONDITIONS

More than 15 million people in England (30% of the population) have one or more long term physical health conditions. At least 30% of all people with a long term condition also have a mental health problem[76]. Co-morbid mental health problems are particularly common among people with multiple long term conditions. People with two or more long term conditions are seven times more likely to have depression than people without a long term condition[77].

5. WHAT IS THE CURRENT MENTAL HEALTH PICTURE IN NOTTINGHAMSHIRE?

It is important that we understand the mental and emotional wellbeing needs of Nottinghamshire residents.

To do this successfully, we need to know:

- Which people are more likely to experience mental health problems compare to the rest of the population?
- How many people currently have mental health problems?

The Nottinghamshire Joint Strategic Needs Assessment

A ***Joint Strategic Needs Assessment (JSNA)*** is the assessment of the current and future health and social care needs of a local community[78]. The ***JSNA*** for Nottinghamshire[10] provides a starting point to identify the estimated number of children, young people and adults that currently have mental health problems. These figures are based on national prevalence rates and have been broken down into the two main types of mental health problems – 'common' and 'severe'.

A full description of mental health and other related issues and need are outlined in the Nottinghamshire JSNA and can be accessed via:
http://www.nottinghamshireinsight.org.uk/insight/jsna/county-jsna-home.aspx

Nottinghamshire population demographics

Box 7 below gives a brief overview of the demographic variations across the Nottinghamshire Districts.

Box 7: A brief demographic description of Nottinghamshire

- There are ***approximately 786,000 people living*** within the Nottinghamshire area.
- Of these, around ***18% are under 16*** (similar to England, 18.9%) ***and 19% are over 65*** (slightly higher to England, 17%).
- The NCC area is ***divided into seven geographical districts*** (Ashfield, Bassetlaw, Broxtowe, Gedling, Mansfield, Newark and Sherwood and Rushcliffe).
- The ***economic landscape is varied***. Some parts of the county are affluent while others, particularly in the former mining areas[79].
- ***Deprivation is largely concentrated geographically in the north-west of the county***, particularly in Mansfield, Ashfield and western Bassetlaw. Conversely, Rushcliffe is the least deprived district in the county.
- People living within the more deprived areas of Nottinghamshire have higher levels of unemployment and lower levels of qualifications.
- ***Unemployment rates*** in Nottinghamshire are historically lower than national levels, 2.6% October 2013 compared with 2.9% in the East Midlands. However, for those aged 18-24 years, unemployment rates have been higher than the region for the past six years and were 6.5% in October 2013, compared with 5.5% in the East Midlands.
- ***Black and minority ethnic (BME) populations*** are relatively low in Nottinghamshire as a whole, 4% compared with 15% nationally, within the districts of Broxtowe, Gedling and Rushcliffe there are larger population groups (7% each district), mainly Asian and Mixed/Multiple Ethnic groups.

CHILDREN AND YOUNG PEOPLE

- There are approximately 171,865 children and young people aged 0-18 years old living in Nottinghamshire. Of which, approximately 15,905 between the ages of 5 to 19 years) have *'any mental health disorder'* (includes a broad range of conditions from behavioural disorders such as oppositional defiant disorders and Attention Deficit Hyperactivity Disorder (ADHD) to emotional disorders such as separation anxiety, phobias and depression. Table 1 below.
- The variation in the prevalence of mental health conditions for children and young people between districts in Nottinghamshire, broadly reflects the variation in levels of multiple deprivation
- For primary school age children it is estimated that there are approximately 4,000 with any mental health condition
- For secondary age children it is estimated that 6,400 with any mental health conditions
- It is estimated that approximately 5,540 young people aged 16-19 have a neurotic disorder.

Table 1: Estimated numbers of children and young people aged 5-19 with a mental health disorder, according to district

Nottinghamshire District	Children (Aged 5-10)	Children (Aged 11-16)	Young People (Aged 16 - 19 years)	Total
	Any type of mental health disorder		Neurotic Disorder	
Ashfield	626	998	846	**2470**
Bassetlaw	559	952	822	**2333**
Broxtowe	499	842	742	**2083**
Gedling	567	920	791	**2278**
Mansfield	509	842	760	**2111**
Newark and Sherwood	590	957	813	**2360**
Rushcliffe	592	911	767	**2270**
Total	**3942**	**6422**	**5541**	**15905**

Source: Child and Maternal Health Observatory, based on the 2011 Census

ADULTS AND OLDER PEOPLE

- Prevalence estimates indicate there were over 86,500 people in Nottinghamshire experiencing common mental disorders (CMD) such as depression and anxiety, and over 3,000 suffering from severe mental illness in 2007
- There is significant variation in the prevalence of CMD, between districts in Nottinghamshire, broadly reflecting the variation in levels of multiple deprivation. Table 2 below
- In terms of common mental problems, across all age groups the prevalence is higher amongst females than males, and the highest prevalence is found among females aged 45-54
- As at August 2012, 39% of unemployment claims are due to mental or behavioural disorders
- For men under 35, suicide is the most common cause of death and men are three times more likely than women to take their own lives. Overall, people aged 40-49 have the highest suicide rate
- Nottinghamshire has a lower overall rate of death by suicide than the England average, but a higher rate of suicides in people over 75.

Table 2: Estimated prevalence of CMD by Local Authority based on 2000 Psychiatric Morbidity Survey

Local authority	Prevalence of any CMD (rate/1000 pop)	Estimated number of cases
Ashfield	150.9	14,290
Bassetlaw	121.3	11,250
Broxtowe	143.2	13,460
Gedling	147.3	13,620
Mansfield	155.1	12,710
Newark & Sherwood	117.6	10,850
Rushcliffe	115.6	10,360
Nottinghamshire	**135.8**	**86,540**

Source: East Midlands Public Health Observatory, Nottinghamshire Mental Health Needs Assessment 2011

The 2007 Survey of Psychiatric Morbidity Among Adults found the prevalence rate for probable psychotic disorder in the year prior to interview (2006) was 0.4%.

As a result any estimation of the local prevalence can be based only on a crude application of the England rate to the Nottinghamshire population. The results of this analysis are presented in table 3. However, the analysis should be treated with some caution. It takes into account age and sex of the local population but does not take into account the risk factors associated with mental health problems.

Table 3: Estimated prevalence of psychotic disorders by CCG

Clinical Commissioning Group	Population total	Estimated prevalence of psychotic disorder at 0.4%
Bassetlaw	109,774	439
Mansfield & Ashfield	182,857	731
Nottingham North & East	144,258	577
Newark & Sherwood	127,201	509
Nottingham West	93,122	372
Rushcliffe	121,560	486
Total	**778,772**	**3115**

Source: East Midlands Public Health Observatory, Nottinghamshire Mental Health Needs Assessment 2011

Nottinghamshire Community Mental Health Profile (2013)

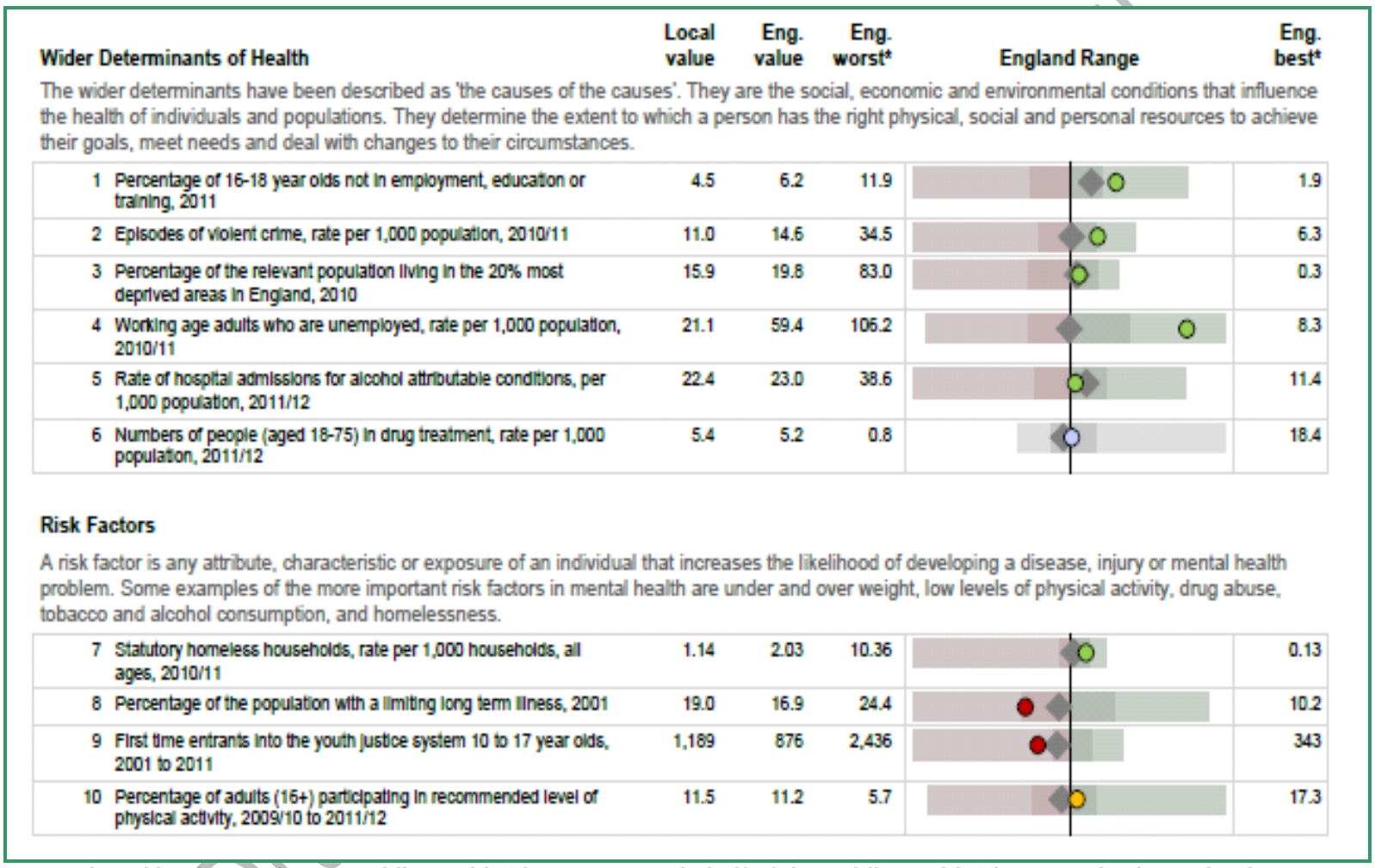
The Nottinghamshire Community Mental Health Profile (CMHP) 2013 gives a range of mental health local information compiled nationally. The profile is designed to give an overview of mental health risk factors, prevalence and services at a local, regional and national level.

The CMHP comprises of 31 mental health indicators covering the following themes:

- Wider determinants of health
- Risk factors
- Levels of mental health and illness
- Treatment
- Outcomes[80]

These mental health wider determinants for Nottinghamshire are shown in figure 3 [81]. For Nottinghamshire, most factors appear better than the England average with the exception of long term illness and first time entrants into the youth justice system which are higher. As the CMHP is for Nottinghamshire County as a whole, this will mask the risk factors within each district. However, it is predicted that the deprived Nottinghamshire districts such as Mansfield, Ashfield and Bassetlaw would have higher levels of mental health risk factors when compared to the more affluent districts, such as Rushcliffe.

Figure 3: Wider determinants of health and risk factors affecting mental health in Nottinghamshire



Wider Determinants of Health	Local value	Eng. value	Eng. worst*	England Range	Eng. best*
The wider determinants have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.					
1 Percentage of 16-18 year olds not in employment, education or training, 2011	4.5	6.2	11.9		1.9
2 Episodes of violent crime, rate per 1,000 population, 2010/11	11.0	14.6	34.5		6.3
3 Percentage of the relevant population living in the 20% most deprived areas in England, 2010	15.9	19.8	83.0		0.3
4 Working age adults who are unemployed, rate per 1,000 population, 2010/11	21.1	59.4	105.2		8.3
5 Rate of hospital admissions for alcohol attributable conditions, per 1,000 population, 2011/12	22.4	23.0	38.6		11.4
6 Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population, 2011/12	5.4	5.2	0.8		18.4
Risk Factors					
A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease, injury or mental health problem. Some examples of the more important risk factors in mental health are under and over weight, low levels of physical activity, drug abuse, tobacco and alcohol consumption, and homelessness.					
7 Statutory homeless households, rate per 1,000 households, all ages, 2010/11	1.14	2.03	10.36		0.13
8 Percentage of the population with a limiting long term illness, 2001	19.0	16.9	24.4		10.2
9 First time entrants into the youth justice system 10 to 17 year olds, 2001 to 2011	1,189	876	2,436		343
10 Percentage of adults (16+) participating in recommended level of physical activity, 2009/10 to 2011/12	11.5	11.2	5.7		17.3

Source: Produced by the North East Public Health Observatory on behalf of the Public Health Observatories in England

Where are the current gaps?

In order to set the strategic priorities and actions we needed to know what the current situation was in Nottinghamshire. We undertook a review of current strategies, commissioning intentions and NHS, social care and third sector service mapping exercise. Gaps were identified by comparing the results of this mapping against the local mental health JSNA data and the CMHP profile. This enabled us to identify the proposed five strategic priority areas and where we need to focus.

Box 8 below outlines where the current gaps exist against the five strategic priority areas.

Box 8: summary of Nottinghamshire current service mapping gaps

1) Promoting mental resilience and preventing mental health problems

- Evidence based mental health preventative approaches needs to be identified. This should include universal interventions to promote resilience and wellbeing in the population and targeted intervention for particular at risk groups

2) Identifying problems early and supporting effective interventions

- Promoting mental health awareness to community groups and health and social care professionals to reduce stigma and discrimination is required
- Supporting the improvement of access, particularly around reducing waiting times, to psychological therapies for children, young people and older people
- Detecting mental health problems early by introducing mental health screening, particularly for older people and support universal services in the detection of emerging emotional and mental health problems in children and young people.

3) Improving outcomes through effective treatment and relapse prevention

- Developing care pathways to ensure those experiencing a mental health crisis have access to timely effective interventions
- A whole family approach is required to support families and carers when a family member has a mental health condition
- Mental health services need to be easily assessable and delivery to be aligned on patient choices

4) Ensuring adequate support for those with mental health problems

- Wider access to community resources tailored to the needs of patients with mental illness is needed
- Mental health services need effective transition pathways for young people to adult services and adults to older people mental health services
- Supporting for finding appropriate housing, employment and education to support recovery

5) Improving wellbeing and physical health of those with mental health problems

- Improvements in screening for physical health condition
- For those identified need support to access to treatment for the physical health condition is required
- Strategies to promote healthier lifestyles is required

6. WHAT WILL SUCCESS OF THE STRATEGY LOOK LIKE?

The overall strategic success measures are outlined below.

1) There will be a positive impact on the mental health of the whole population

- We want to have a positive effect on mental health and wellbeing across the whole population. Interventions that span the needs of whole families and help to build good foundations for mental health in childhood are key, and are covered in the ***Children and Young People's Mental Health Strategy***. These include antenatal screening for maternal mental health problems and access to high quality parenting interventions.

- ***For adults*** we wish to see improvements in mental wellbeing, fewer people suffering from mental health problems, fewer people suffering disability due to mental health problems, and communities taking their own actions to maintain positive mental health and mental wellbeing.

- ***For older people*** we would like to see these positive foundations help people to remain healthy in to older age.

2) Changing attitudes to stigma surrounding mental health problems

- People with mental health problems ***should not face social exclusion.*** By talking about mental health and mental wellbeing across all sectors within Nottinghamshire will raise awareness and ensure it is viewed as everybody's concern.

- Mental health should be viewed with equal status and importance compared to physical health problems as per ***'parity of esteem'*** on page 9.

3) Children, Young People, Adults and Older People with mental health problems will have a positive experience of care

- We would like all children, young people, adults and older people with mental health problems to have a ***positive experience of all care*** that they receive and for relatives and carers of people with mental health problems to be adequately supported in their role.

- People with serious mental health conditions often have complex health and social care needs. We want to ensure that ***good social care is available to enable people*** to live well with their condition, and promote wellbeing and recovery wherever possible.

- We would like to see all services that come into contact with people with mental health problems ***feel confident in their role and be able to demonstrate commitment to making a positive contribution.***

- The strategy aims to bring together non-clinical services such as housing, police, fire and rescue, youth services, third sector groups (such as not for profit or community groups), voluntary groups, faith groups, education, drug and alcohol services and the business sector to address the ***need for co-ordinated provision*** through the development of the Action Plan.

4) Continued improvements in access to psychological therapies

Common mental health problems are the biggest contributor to mental ill health and can be effectively addressed through;

- Talking therapies such as cognitive behavioural therapy. All the partners within the strategy wish to ensure ***appropriate access to psychological therapies***.

- There is continued commitment to ***ensuring adequate capacity and the right type of services*** are offered to enable groups with higher levels of need (but who currently access the service less) such as;

- children and young people
- those with long-term physical conditions frequently affected by poor mental health
- older people
- those from LGBT groups
- BME groups identified with particular needs
- those in contact with the criminal justice system.

5) Those with mental health needs will be able to get the services they require

- We want to ensure that services can be ***easily accessed*** by those who need them. In particular we would like to see that some groups (such as older people and ethnic minority groups) who currently do not use treatment services to the same extent as the rest of the population are able to do so in a way that suits them.

- We would like to see a ***range of services*** that will meet the needs of different groups based upon evidence of need.

6) The physical health of people with poor mental health will be improved, and vice versa

- We want to see the ***physical health of those with mental health problems raised*** across all agendas, as per the parity of esteem' approach (see page 9).

- We also wish to see an ***improvement in the mental health of those with long term conditions*** and other physical health problems.

7) A reduction in deaths associated with mental health problems

- ***Suicide is still a concern for Nottinghamshire*** and it is intended that this strategy will dovetail with the new joint strategy currently in development across Nottingham City and Nottinghamshire County to further reduce the number of deaths from suicide.

- ***A reduction in the gap in life expectancy between those with and without mental health problems*** will take some years to come into effect. Our aim is that this strategy will begin to lay the foundations for benefits in this area over several decades to come, and advances towards this goal will begin to be evident through other indicators such as those in the NHS and Public Health outcomes frameworks (see appendix 1)

7. OUR PROPOSED STRATEGIC PRIORITIES FOR NOTTINGHAMSHIRE

Priority 1: ***Promoting mental resilience and preventing mental health problems***

– by working with communities to promote the factors that contribute to mental wellbeing and preventing mental health problems, aligning local services to include mental wellbeing at the centre of their aims, and supporting individuals to adopt healthy lifestyles.

Central to this priority is preventing mental health problems from starting and making sure more people can reach their full potential. The focus is on making sure that more people will have good mental health and wellbeing throughout their lives - in childhood, in adulthood and in their later years.

We can make a positive impact by:

- ***Raising awareness of the importance of good mental health and wellbeing*** by promoting The Five Ways to Wellbeing[22].There are simple activities that individuals can do in their everyday lives outlined in box 9:

Box 9: Examples of wellbeing activities

Mental health's '5-A-Day'	Partnership action to support this activity:
Connect	• Support interventions that improve relationships and reduce loneliness and social isolation • Encourage a sense of community and social cohesion • Develop environments that encourage wellbeing, are inclusive, promote self-esteem are non-stigmatising. • Promote wellbeing in the workplace • Reduce stigma and discrimination
Be active	• Encourage active travel • Build and maintain environments that encourage physical activity in everyday lives • Provide accessible, well maintained, safe green spaces • Promote and provide a variety of exercise and sporting opportunities, including community based activities
Take notice	• Raise the profile of the concept of 'mindfulness'
Learn	• Improve academic achievement • Provide lifelong learning and educational opportunities • Support people to stay in work and develop new skills • Promote access to the arts, creativity and cultural opportunities • Encourage individuals to become more financially literate • Improve self management of long term conditions
Give	• Support and encourage volunteering • Promote citizen participation

- ***Improving general wellbeing -*** wellbeing involves both the mind and the body and further work needs to be done to help people to view mental health and wellbeing in the same way as physical health and wellbeing. Initiatives focusing on tobacco and drug use (which are both associated with an increased risk of mental health problems), sexual health promotion, physical activity and nutrition all have much to contribute to mental wellbeing.

- ***Promoting good parenting skills*** - through universal as well as targeted early intervention programmes for common parenting problems and more intensive interventions for high risk families, to ensure a good start in life.

- ***Tackling the social determinants of mental ill health*** – mental wellbeing can be enhanced through the support from families, friends and community. Opportunities to learn and a good education enable people to achieve their full potential.

- The ways in which urban areas are planned, designed and built have a major significance to good mental health. Also, access to high quality housing in safe neighbourhoods, green spaces, strong communities with good transport systems all contribute. Factors such as air pollution, traffic, noise, lack of space, feeling unsafe and insecure, anti-social behaviour and limited options for physical activity also impact on mental wellbeing.

  Reducing isolation and loneliness, especially amongst older people, safeguarding children and young people at risk of emotional harm, commissioning high quality mental health services to ensure those at risk of developing a mental health problem have a good quality of life.

- ***Work closely with communities to identify the best approaches*** - mental health and wellbeing differs between communities, e.g. people of different cultural and ethnic backgrounds, sexual orientation or age. Making the most of a community's own assets (a community development approach) can bring mental health benefits to individuals. Addressing loneliness and isolation is also a key part of improving individuals' mental wellbeing.

- ***Maintaining and improving mental health and wellbeing through work*** - work is an important part of maintaining and improving mental health and wellbeing, as well as contributing to effective ill-health recovery[82]. By addressing issues such as the working environment and work-life balance, employers can create a culture where their staff wellbeing increases, resulting in increased productivity, loyalty and a reduction in sickness absence. Being out of work, or never having been in work, increases the risk of developing mental health problems.

Our vision for 3 years from now

The people of Nottinghamshire, of all ages and backgrounds, will have better mental health and wellbeing.

Some of the suggested key actions to achieve:

- Promote population wide good mental wellbeing and reduce stigma by raising awareness and understanding of mental health problems

- Work closely with communities to provide effective mental health promotion interventions targeted at those groups who are most at risk

- Align policy, strategy and services across health, care and the wider determinants such as housing, planning, leisure and employment to improve their impact on mental health and wellbeing

- Build resilient communities that enhance control, promote opportunities for participation, reduce isolation and loneliness, and encourage healthy lifestyles

- Encourage the development of healthy working environments that promote wellbeing and guide employers to the best practice and interventions for those with mental health problems

- Work with partners to ensure evidence based intervention such as parenting support and the Social and Emotional Aspects of Learning (SEAL) are delivered.

Priority 2*: Identifying problems early and supporting effective interventions*
– by promoting awareness, reducing stigma, improving screening, suicide prevention, improving access to early management such as social and psychological interventions.

This priority is about making sure that people that have mental health problems are identified and offered effective interventions quickly early stop problems escalating.

We can make a positive impact on this by:

- ***Intervening early –*** by identifying mental health problems at the earliest opportunity, including in the antenatal period, and providing access to treatment as quickly as possible.

  Certain groups such as those with long term physical conditions, those with disabilities including those with sensory impairment, students, older people, carers, LGBT and some BME groups have a particular risk of mental health problems. Services already in contact with groups known to be at higher risk can help by improving early detection and signposting or referring to services.

  Involving carers can help to alert professionals to symptoms that patients may not disclose, and 'early warning systems' can be developed to enable people to receive help earlier.

- ***Taking a whole family approach*** – by working with all the members of a family when a person is ill and taking into account all the interrelated problems which are linked with mental health conditions, such as alcohol misuse and domestic violence, and by ensuring that maternal mental health problems are identified antenatally and women with mental health problems are supported through their transition to parenthood.

- ***Providing equal access to psychological therapies*** – by making sure that everyone can access psychological interventions and waiting times to psychological therapies are reduced.

  There are significant barriers such as the onset of mental health problems going unrecognised, ignored or explained in different ways both by individuals and professionals particularly in BME groups.

  Fear of stigmatisation may deter people from seeking help early. There is a need to raise awareness of mental health issues, to dispel myths, and to support a wide range of professional groups to spot problems early and ensure that they feel confident in referring on or signposting to other services.

  Clear pathways are needed to help service users, carers and professionals navigate to the right mental health services quickly, and gain a clearer understanding of the entry and exit points.

- ***Taking a personal approach*** – this means making sure that services meet the needs of the individual, instead of making the individual choose the type of support they can have based on a list of the services that are available. This personalised approach will provide a better chance of recovery and help individuals to manage their condition well.

- ***Providing information*** – by making sure that people have good quality information about the services and treatments available. Also, there is a role for self-help resources such as, 'Reading Well, a national books on prescription scheme which is available across England.

Our vision for 3 years from now

To promote early interventions, so that people recover from mental health problems by making sure effective support is in place at every stage, and to further develop support in the community.

Some of the suggested key actions to achieve:

- Increase access to psychological therapies for a broad range of mental health problems, particularly for those groups who are identified as being at higher risk

- Involve local people, particularly those with mental health problems, their families and carers, in the co-production of pathways for assessment, advice and support of common mental health problems

- Increase the ability of professionals and front-line staff to identify mental health problems, to understand how to reduce stigma and to make appropriate referrals

- Raise awareness across a wide range of services including housing providers, police, educational establishments and emergency services so that they better understand the needs of those experiencing mental health problems and how they can support and signpost citizens to receive the best care

- Improve opportunistic screening for individuals to reduce suicide risk

- Linking adult and childhood mental health work more closely. Future mental health work should consider how strategies could be even better aligned across the life course to create a clear pathway from pre-conception in to older age

- Finding better ways of identifying problems early in groups such as looked after children, students, people with long term conditions, carers, those in the youth or criminal justice system to enable them to receive early intervention.

Priority 3: ***Improving outcomes through effective treatment and relapse prevention***

– by clinicians, commissioners and providers working together to provide the right care and support in the right place, & improve understanding amongst patients and professionals of what is most effective to improve mental health outcomes.

This priority is about providing people with effective quality services based on the National Institute for Health and Care Excellence (NICE) clinical guidelines and to give them as much control as possible over their own care. This means giving people (including their parents/carers where appropriate) the best available evidenced based information to make choices about the support they want to have. Taking this approach is particularly important because when people are put in control of their own life it helps them to recover.

We can make positive impact on this by:

- ***Robust commissioning and review process -*** as clinical practice advances and the needs of the population change, commissioners and service providers need to review crisis management, treatments and pathways of care with those who use their services. Robust commissioning and review processes will ensure that the quality of care is maintained so that the best outcomes are achieved for all patients.

- Improving early identification and access to Nottinghamshire CAMHS pathways and services is required and a review is currently being undertaken with the aim to improve access particularly for children and young people in crisis sand reduce waiting times.

- ***Connecting services*** - when people move from one service to another the transition between the services should be seamless. For example, the transition of children into adult care and adults into older peoples services allowing for continuity of care.

  For those with serious mental health problems in the community, medical care is often shared between primary and secondary care teams. New treatment and care options need to be implemented in a coordinated way. This will be supported by excellent education and continuous professional development for providers of these services.

- ***Personalising services*** – services should be flexible and sensitive to the needs and the age of the patient, respect their privacy and dignity, and be accessible to all regardless of their background.

  Holistic support for people living with mental health problems needs to address issues such as loneliness, isolation and stigma associated with their condition.

  Nottingham has good systems in place with NHS Nottinghamshire Healthcare Trust to ensure patient and carer involvement in the way that care is delivered.

Patient involvement systems in community based care tend to be less focused on mental health, but it is essential that we actively seek the views of those with mental health problems who may find difficulty in expressing their needs. The newly formed Healthwatch[83] will ensure users of mental health services locally have a 'voice'.

- ***Promoting liberty*** - when decisions are made for an individual under the Mental Health Act (because they are not able to make them for themselves) they should always give the person the maximum amount of freedom possible.

- ***Providing information*** – clear, appropriate and accessible information should be available so people can take part in making informed and effective choices about their own care.

Our vision for 3 years from now

To ensure that the services available in Nottinghamshire to support people with mental health problems are good quality, so that as many people as possible have a positive experience of care and support.

Some of the suggested key actions to achieve:

- Continuing to support joint work through local groups of clinicians with expertise in mental health care in order to implement changes in line with evidenced based best practice

- Developing and putting in place shared care arrangements, including professional development to support new care pathways

- Ensuring that pathways of care are flexible enough to provide opportunity for patients to access care at the most appropriate point for their needs and move throughout the system quickly as their condition changes

- Ensuring that transition of children into adult care and older peoples services allows for continuity of care and ensures that needs are met across the life course

- Considering how local pathways need to support people with on-going problems who may be known to services elsewhere such as students, travelling communities and those who are homeless

- Understanding the cultural needs of particular at risk groups to reduce barriers and improve outcomes

- Ensuring an emphasis on how mental health providers address people's physical healthcare needs by working with commissioners and other service providers

- Continually reviewing outcome measures and quality incentive schemes for hospital care as a way of focusing on recovery and improving patient outcomes

- Reviewing referrals to secondary care services to make sure that care is as far as possible given at the right place and time

- Ensure pathways between health and social care are integrated to avoid any duplication of service delivery and to ensure the right level of care is delivered

- Working with service users and carers to improve services based upon their experience of care.

Priority 4: *Ensuring adequate support for those with mental health problems*

- by supporting recovery and rehabilitation by ensuring pathways are in place to provide appropriate care, housing, education, employment and a place in society.

This priority is about making sure that people that have mental health problems are able to recover well and manage their condition effectively so they have a better quality of life. People with serious or on-going mental health problems are often prevented from being able to care for themselves effectively and to access opportunities to live with greater independence. They often have complex needs linked to their poor mental health and may be frequently vulnerable.

We can make a positive impact on this by:

- ***Support recovery*** – some people are likely to have a continuing need for care. In each case, each person should be a partner in the planning and delivery of support that is orientate towards opportunities for their recovery. This should include access to appropriate care, housing and employment to find a place in society, and to live according to their needs, choices and preferences.

- ***Providing equal access*** *to services* – by making sure that everyone can access both physical and mental healthcare.

- ***Taking a personal approach*** – this means making sure that the individual contributes to the development of their care plan to provide a better chance of recovery and help individuals to manage their condition well.

- ***Providing appropriate environments for treatment*** – by making sure that when people with severe mental health problems need treatment they receive it in the least restrictive environment possible. People should not be admitted to hospital or residential care if there are other options available where, with the right support, they can keep more of their independence.

- ***Working with the whole family*** – where one member of a family has a mental health condition we should work with the whole family and put together a package of support together for all family members.

Our vision for 3 years from now

To promote recovery from mental health problems by making sure effective support is in place at every stage, and to further develop support in the community.

Some of the suggested key actions to achieve:

- Ensuring those with mental health problems have adequate support offered in their recovery and rehabilitation by ensuring evidenced based care pathways are in place to provide appropriate care, housing, employment and a place in society

- Commissioning appropriate support to empower individuals, their families and carers to cope with the hurdles on the path to recovery

- Working with providers of services such as police, housing, employment support, benefits support and advice, education and training to help them better understand and meet the needs of those with on-going mental health problems

- Maximising opportunities for effective partnership working across agencies to provide adequate support for vulnerable adults, including sharing of information where appropriate and patient consent is given (N.B. not including confidential or individual data)

- Continuing to monitor the flexibility and choice of accommodation and social support that is available for citizens with on-going needs

- Ensuring that services are provided in a way that enhances choice and control for the user, whilst also meeting the needs of the local population

- Continuing to review placement of patients in residential mental health care settings to ensure that their needs are met in the best way possible whilst maximising best use of NHS rehabilitation services

- Helping those with mental health problems find help and support for issues such as housing, financial advice and support into work.

Priority 5*: Improving wellbeing and physical health of those with mental health problems*

– By ensuring good physical care for people with mental health problems. This includes physical health promotion and ill health prevention strategies, particularly in relation to heart disease and smoking.

The factors that affect poor mental health can also contribute to poor physical health. These can include social factors, such as homelessness, domestic abuse, deprivation and unemployment, stressful life events, and health related behaviours, such as smoking, alcohol or substance abuse.

People with mental health problems have poor physical health outcomes and research shows that they die far younger (15-20 years younger for people with schizophrenia)[84,85]. Many of these early deaths are from preventable causes related to unhealthy lifestyle behaviours particularly smoking.

In 2006 a formal investigation by the Disability Rights Commission, Equal Treatment: Closing the Gap[86] identified obesity, high blood pressure, smoking, heart disease, respiratory disease, diabetes and stroke as being more prevalent in people with mental health problems and also identified higher rates of bowel cancer in people with schizophrenia. Standard treatments and screening were offered less to these groups.

For people with long term physical conditions, the Kings Fund identified that “people with long term physical conditions and mental health problems disproportionately live in deprived areas and this interaction makes a significant contribution to generating and maintaining inequalities”[30].

We can have a positive impact on this by:

- ***Adopting a ‘Parity of Esteem’ approach*** which aims to keep mental and physical aspects of health linked, and gives each equal priority. Services and health workers have traditionally focussed on one aspect or the other, which can lead to gaps in addressing health needs.

- ***Reducing the gap in health inequalities for those with mental health problems*** is a current focus, it is also important to retain the goal of holistic care for all. As well as improving treatment of physical health needs, all health services need to ensure mental health problems are detected early and addressed promptly for their service users. This is particularly relevant for those with long term conditions, but is also applicable to people who require treatment for acute health needs, for example following heart attack or trauma.

- ***Improving mental health*** – we need to reduce the number of people with long term health conditions and other physical illnesses from developing mental health problems and support them to play their part managing and improving their health using self-care programmes.

Our vision for 3 years from now

To improve the physical health of people with mental health problems and to support people with long term physical conditions to effectively manage their mental health.

Some of the suggested key actions to achieve:

- Increase understanding and awareness of the factors that influence the poor physical health outcomes for people with mental health problems

- Improving physical health – by making sure that people with mental health problems have access to health improvement services, such as stop smoking support, organised sports or exercise programmes and a range of social activities e.g. through youth services for children and young people. It also includes driving up the number of people with mental health problems that take part in national screening programmes, such as cervical and bowel cancer screening tests and immunisation programmes including HPV and seasonal influenza

- Ensure health services identify physical health problems in people with mental health problems and that appropriate treatment is accessible

- Keep the 'parity of esteem' approach central to the commissioning of all health services to ensure both mental and physical health aspects are taken into account.

8. MONITORING OUTCOMES

The overall aim of this strategy is to improve the mental health and wellbeing of the population of Nottinghamshire by effectively preventing mental health conditions and ensuring appropriate access and delivery of mental health and social care services.

Measuring mental health outcomes is complex due the level, types and complexity of mental health problems. Also, mental health prevalence data has its limitations as mental health problems can go under diagnosed or under reported. Also, mortality data, such as suicide data lacks timeliness and does not capture the prevalence of mental illness, nor the disability it causes.

Therefore, in order to monitor this strategy's progress and outcomes we will be looking at a number of key indicators. These indicators are found and incorporated into:

- The three national outcomes frameworks: the Public Health Outcomes Framework, the NHS Outcomes Framework and the Adult Social Care Outcomes Framework. Each of these include specific indicators to monitor a range of mental health outcomes, **Appendix 1**
- The Department of Health (DH), No Health without Mental Health dashboard (December,2013)[87] brings together a number of indicators for a wide range of sources to reflect progress against the national mental health strategy. These indicators are outlined that in **Appendix 2.** Nationally, data and benchmarking against these indicators is in the process of being developed
- The Nottinghamshire Health and Wellbeing strategy – 2014-2016

The priorities of this strategy are also linked with other local strategies and drivers, outlined in **Appendix 3.**

9. TAKING THE NOTTINGHAMSHIRE MENTAL HEALTH STRATEGY FORWARD

Leadership

To realise the aims of the Nottinghamshire Mental Health Strategy and in order to see real improvement in Nottinghamshire we need Mental Health leaders and champions at all levels across the health, social care and voluntary sectors.

Improving mental health is '***everyone's business'***, but clear leadership needs to be demonstrated by partnership organisations, including those in the third sector.

Those of particular note are:

- Councillors and officers in Nottinghamshire County Council (the Council has already committed to prioritise mental health by signing up to the ***Mental Health Challenge***[88]). The Mental Health Challenge is a new concept where local councils through a mental health leadership role help in the promotion of good mental health in their communities and to ensure people with mental health conditions have better, more fulfilling lives. Member champions for mental health can also help to raise awareness about mental health in Nottinghamshire.

- ***Senior leaders,*** including commissioners and mental health clinical leads, from NHS Nottingham West, Nottingham North and East, Mansfield and Ashfield, Newark and Sherwood, Rushcliffe and Bassetlaw Clinical Commissioning Groups and Nottinghamshire County Council Adult and Children's Social Care.

- ***Service providers*** including Nottinghamshire Healthcare NHS Trust, Sherwood Forest Hospital Trust, Doncaster and Bassetlaw Hospital Trust, Nottinghamshire and Bassetlaw Health Partnerships, Nottinghamshire County Council and the voluntary sector.

There is a need to agree a clear way forward to ensure the strategy is implemented, including the development and delivery of detailed action plans for each of the proposed five strategic priorities. Further strategic work will include ensuring that children's, adults and older peoples mental health work is monitored fully and is linked with agreed suitable targets for assessing progress.

Governance

The proposed strategy owned by the Nottinghamshire Health and Wellbeing Board and steered by the Mental Health leads. Implementation and progress of this strategy will be monitored by the Nottinghamshire Health and Wellbeing Implementation Group (HWIG).

A Nottinghamshire Mental Health Strategy Implementation Steering group comprising of key stakeholders will be formed. This group will be responsible for overseeing the implementation of this strategy and the quarterly progress reporting to the HWIG.

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

Action Plans

A detailed action plan will be developed following this consultation on this strategy. Working groups will be set up to achieve each of the proposed five priorities in this strategy.

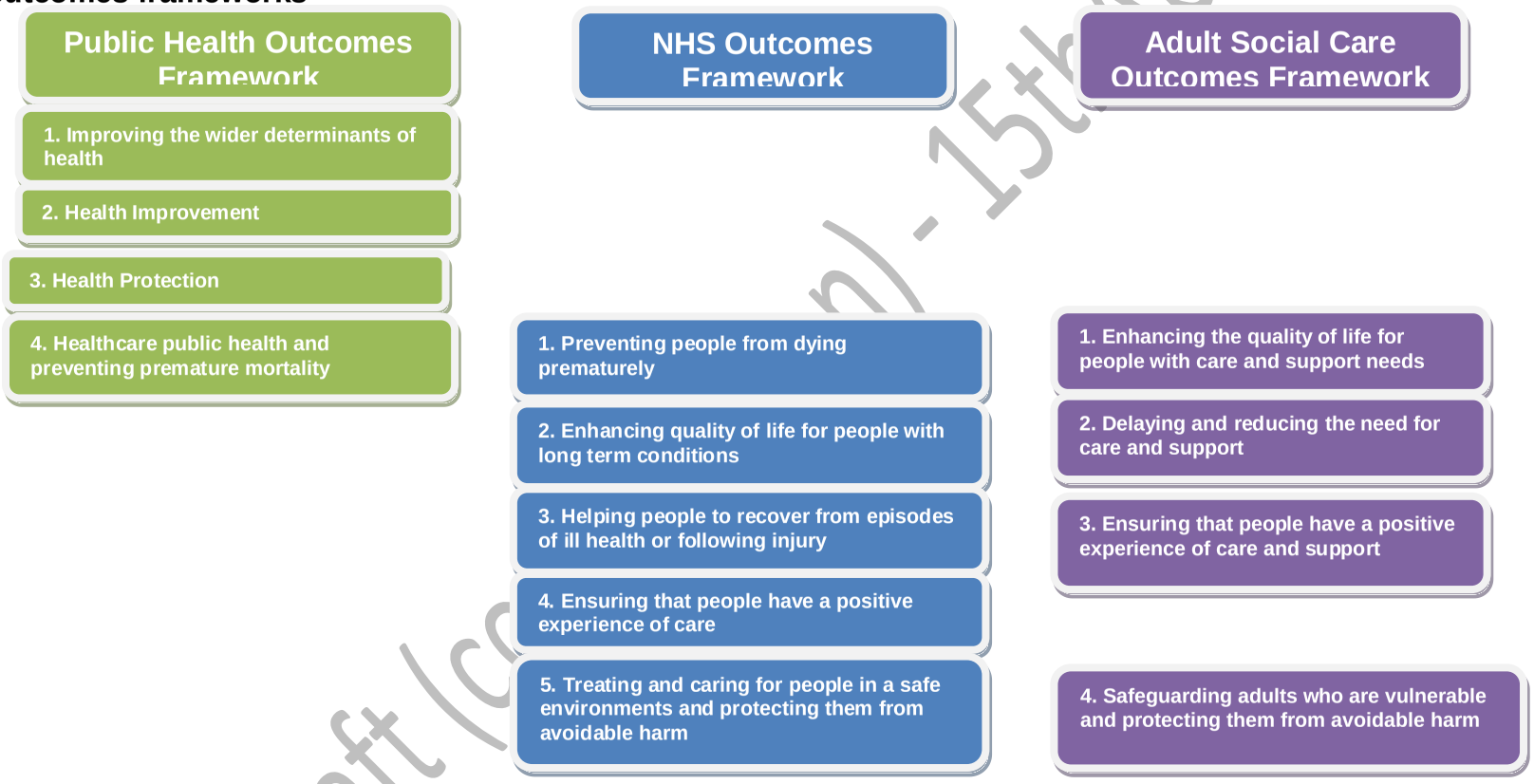
Equality impact assessment

An equality impact assessment (EIA) is an assessment to ensure that policies do not discriminate and that where possible, equality is promoted. A full equality impact assessment of this strategy will be undertaken in accordance with the Nottinghamshire County Council Equality and Diversity Policy. Further equality impact assessment will be undertaken on the action plans resulting from this strategy.

Appendices

Appendix 1: below shows the relationship of the overarching domains of all three Frameworks.

The three outcomes frameworks



Source: Improving health and care: the role of the outcomes frameworks, DH 201

APPENDIX 2: DH MENTAL HEALTH DASHBOARD MEASURES

1. More people have better mental health	2. More people with mental health problems will recover	3. More people with mental health problems will have good physical health
Mental health and wellbeing of the whole population • Self-reported wellbeing (PHOF) • Percentage of the population with possible mental health problems (HSE) • Percentage of the population with long-term mental health problems (HSE) • Number of days lost due to common mental illness (LFS) ***Wider determinants of mental health and illness*** • Number of households accepted as being homelessness (PHOF) • Number of homeless households in temporary accommodation (PHOF) ***Low Income Households*** • Proportion of people in households with income below 60% of the median net disposable household income (HBAI) ***Illicit drug use*** • Proportion of 16–24 year-olds who are frequent drug users • Proportion of 15–64 year-olds using opiates or crack cocaine	***Care and treatment*** • Proportion of people with anxiety or depression are accessing Psychological Therapies (IAPT services) (NHS OF) • Proportion of people who complete IAPT treatment who are moving to recovery (NHS OF) ***Recovery and quality of life*** •Proportion of people with a mental illness are in employment (NHS OF, ASCOF, PHOF) •Proportion of people with a serious mental illness and of working age are in employment (NHS OF, ASCOF, PHOF) •Proportion of people with mental health problems are in stable accommodation (MHMDS) (PHOF, ASCOF) •Number of people with a mental illness have a social care quality of life (ASCOF)	***Physical health of people with serious mental illness*** Excess under 75 mortality rate in adults with serious mental illness (NHS OF) ***Physical health of people with mental health problems*** • Proportion of people with a long term physical health conditions with a long term mental health problems (GPPS) • Proportion of people with a long term mental health problems with a long term physical health conditions (GPPS) • Proportion of people with a possible mental health problem misuse alcohol (HSE) • Proportion of people with a possible mental health problem that are obese (HSE) • Proportion of people with a possible mental health problems that are current smokers(HSE)
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**
Detention • Number of people that are formally detained subject to the Mental Health Act (MHMDS) • Percentage of all detained patients subject to the Mental Health Act from a Black and Minority Ethnic (BME) background (MHMDS) • Number of people subject to Community Treatment Orders (CTOs) at 31st of March in each year (MHMDS) ***Satisfaction with mental health services*** • Percentage of patients with positive experiences of mental health services (NHS OF) (CMHS) • Percentage of patients with an overall satisfaction with services among people with mental health related social care needs (ASCOF)(ASCS) • Proportion of people with long term mental health problems feeling supported to manage their condition (NHS OF) (GPPS)	***Safety incidents in mental health settings*** • Safety incident reports (ONS) (per 100,000) (NHS OF) • Safety incidents involving severe harm or death (per 100,000) (ONS) (NHS OF) ***Suicide and self-harm incidents*** • Suicide rate (ONS) (per 100,000) (PHOF) • Self-harm rate (PHOF)	***Knowledge, attitudes and behaviour amongst the general public*** • Mental health related knowledge (IOP) ***Attitudes towards metal health amongst the general public*** • Attitudes towards mental illness (IOP) • Reported intended behaviour in relation to people with mental illness (IOP) ***Service users' experience of stigma and discrimination*** • Proportion of people who use secondary mental health services who have no experience of discrimination (IOP) • Proportion of people who use secondary mental health services who feel confident in challenging stigma and discrimination (IOP)
KEY:		
Link to Outcomes Frameworks ASCOF – Adult Social Care Outcomes Framework NHSOF – NHS Outcomes Framework PHOF – Public Health Outcomes Framework	**Links to other sources** • (APS) – Annual Population Survey • (CCG OI) Clinical Commissioning Group Outcomes Indicator • (CMHS) – Community Mental Health Survey • (GPPS) – GP Patient Survey • (LFS) – Labour Force Survey • (HBAI) – Households below average income survey for	• (ASCS) – Adult Social Care Survey Change • (CSEW) – Crime Survey for England and Wales • (HSE) – Health Survey for England • (IOP) – Institute of Psychiatry survey for Time to • (MHMDS) – Mental Health Minimum Dataset

Appendix 3: Local Policy Drivers

Key local documents

- **Nottinghamshire and Nottingham City Suicide Prevention Strategy 2014-2017 (draft)**
- **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**
- **Public Health, NHS and Adult Social Care Outcomes Frameworks**
- **Nottinghamshire Workplace Health strategy 2014-2017 (draft)**

Tell us what you think

This draft mental health strategy has been developed through listening to local health and social care commissioners, analysing local need and reviewing local and national guidance and information. We are now asking people to comment on this draft strategy before we refine our vision, priorities and agree the necessary actions for the years ahead.

Your responses at all times will be treated in confidence. We will use your feedback as best we can to reflect what local people want.

The deadline for the responses is by *5pm, Friday 4th of July 2014.*

1) How much do you agree or disagree with promoting mental resilience and preventing mental health problems as a priority*? (Please X one box only)*

Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐
Disagree ☐ Strongly disagree ☐ Don't know ☐

2) Is there anything you would like to say about this priority area for promoting mental resilience and preventing mental health problems?
e.g. are there any related issues that you feel need to be considered in this priority area *(Please write in the box below)*

3) We think that by identifying mental health problems early and supporting effective interventions we can improve mental wellbeing for both the person experiencing mental health problems and their families and carers.
How much do you agree or disagree that earlier detection of mental health problems is a priority? *(Please X one box only)*

Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐
Disagree ☐ Strongly disagree ☐ Don't know ☐

4) Is there anything you would like to say about the priority area of identifying mental health problems early and supporting effective interventions? e.g. are there any related issues that you feel need to be considered in this priority area *(Please write in the box below)*

5) We think that those experiencing mental health problems should have access to effective treatment and relapse prevention to improve their outcomes?
How much do you agree or disagree that access to effective treatment and relapse prevention is a priority? *(Please X one box only)*

Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐
Disagree ☐ Strongly disagree ☐ Don't know ☐

6) Is there anything you would like to say about the priority to have access to effective treatment and relapse prevention to improve their outcomes? e.g. are there any related issues that you feel need to be considered in this priority area *(Please write in the box below)*

7) How much do you agree or disagree that ensuring adequate support for those with mental health problems is a priority? *(Please X one box only)*

Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐
Disagree ☐ Strongly disagree ☐ Don't know ☐

8) Is there anything you would like to say about the priority area ensuring adequate support for those with mental health problems? e.g. are there any related issues that you feel need to be considered in this priority area *(Please write in the box below)*

9) How much do you agree or disagree that improving the wellbeing and physical health of those with mental health problems is a priority? *(Please X one box only)*

Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐
Disagree ☐ Strongly disagree ☐ Don't know ☐

10) Is there anything you would like to say about the priority area improving the wellbeing and physical health of those with mental health problems? e.g. are there any related issues that you feel need to be considered in this priority area *(Please write in the box below)*

OTHER MENTAL HEALTH RELATED ISSUES

11) How much do you agree or disagree that there is a stigma and discrimination attached to mental health problems? *(Please X one box only)*

Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐
Disagree ☐ Strongly disagree ☐ Don't know ☐

12) What do you think can be done to increase the public understanding of mental health problems? *(Please write in the box below)*

13) How much do you agree or disagree that we should focus on tackling the wider determinants of health, such as; housing, employment, poverty etc? *(Please X one box only)*

Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐
Disagree ☐ Strongly disagree ☐ Don't know ☐

14) If you could do one thing to improve the general mental health of the residents in Nottinghamshire what would it be? *(Please write in the box below)*

15) How do you feel we can raise more awareness of the importance of good mental health? *(Please write in the box below)*

About You

Nottinghamshire County Council is committed to ensuring that all of its services are delivered fairly. Please answer the following questions about yourself to help us assess whether all sections of the community have equally been consulted with. We will use the information for no other purpose. The questions in this section are voluntary.

1) Which district of Nottinghamshire do you live?

☐ Ashfield ☐ Bassetlaw ☐ Broxtowe ☐ Gedling ☐ Mansfield
☐ Newark & Sherwood ☐ Rushcliffe ☐ I live outside of Nottinghamshire

☐ Prefer not to say

2) Are you responding as a:

☐ Service User of Mental Health services ☐ A resident of Nottinghamshire
☐ Carer ☐ Health or social care professional
☐ Responding on behalf of an organisation ☐ Prefer not to say

If you are responding on behalf of an organisation, please state:

3) Are you: ☐ Male ☐ Female ☐ Prefer not to say

4) Do you consider yourself to be disabled?

☐ Yes ☐ No ☐ Prefer not to say

If Yes, please specify the type of impairment;

☐Communication ☐Hearing ☐ Learning ☐ Mental Health ☐Mobility
☐Vision ☐ Prefer not to say ☐ Other ***(please specify)*** _____

Please give further details below if you wish:

5) Your age:

☐ less than 16 years ☐ 16-25 ☐ 26-35 ☐ 36-45
☐ 46-55 ☐ 56-65 ☐ Over 65 ☐Prefer not to say

6) What is your sexual orientation?

☐ Heterosexual/Straight ☐ Lesbian or Gay Woman ☐ Gay Man
☐ Bisexual ☐ Transgender ☐ Prefer not to say

7) I would describe my ethnic origin as:

☐ White ☐ Black ☐ Asian ☐ Chinese ☐ Mixed
☐ Other ***(please specify)*** _____

8)) What is your religion or belief?

☐ No religion No Belief ☐ Belief ☐ ***(please state)***
_____
☐ Christian
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Other religion ***(please state)*** _____
☐ Prefer not to say

Thank you for taking the time to complete this survey

A full copy of the draft strategy and the summary can be found at www.nottinghamshire.gov.uk/mentalhealthconsultation

We want to hear from you on what you think about this draft strategy. You can let us know your views in the following ways:

1) Visit our webpage at: www.nottinghamshire.gov.uk/mentalhealthconsultation and complete the online survey
2) Request a paper copy of the survey by phoning 0300 500 8080
3) Send the completed paper copy of survey by post to:
Freepost RTCU-CTYJ-XXKA
Lorraine Forster
Public Health,
Nottinghamshire County Council
County Hall
Loughborough Road
West Bridgford
NOTTINGHAM
NG2 7QP

This consultation closes on Friday 4th of July 2014 at 5pm. Results will be used to inform a final strategy which is due to be discussed at Nottinghamshire Health and Wellbeing Board during September 2014.

All information provided will remain anonymous and kept strictly confidential. It will be used only for the stated purposes and will not be passed on to a third party. Your answers will be kept

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