

All Age Mental Health & Wellbeing Strategy for Gloucestershire

2018 – 2023

Vision:

For every resident of Gloucestershire to enjoy the best possible mental health and wellbeing throughout the course of their life.



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Foreword



I've lived with mental ill health for much of my life. It comes and goes, but it's often there in some form. I noticed that some health care professionals would talk to me about my physical health. Other health care professionals would talk to me about my mental health. And these two groups of people didn't spend much time talking to each other. That doesn't make much sense. We know that people with a long term physical health problem will be more likely to experience poor mental health. We know that people with poor mental health will experience problems with their physical health. It makes sense that people get care that looks at them as a whole person. This doesn't just include health care, but includes the whole range of biological, psychological, and societal help that people need.

And we know that people with mental ill health still face unacceptable levels of stigma and discrimination. There's been lots of work in Gloucestershire to tackle stigma and reduce discrimination, but we still have some way to go.

This strategy builds on innovation happening in Gloucestershire to reduce discrimination faced by those with mental ill health, and to make care look at the whole person, not just a diagnosis.



Dan Beale-Cocks, Co-Chair of the Tackling Mental Health Stigma Group



It is estimated that one in four adults experience at least one diagnosable mental health problem¹ in any given year. So most people in Gloucestershire will have some experience of mental ill health, whether it's their own or that of a relative, friend or colleague. For this reason, mental health and wellbeing is a priority for local partners.

We know that our mental health and wellbeing is influenced by a range of factors. Not just the services we receive but factors such as our housing and living environment; education and employment; and relationships with family and friends all have an impact. That's why the Gloucestershire Health & Wellbeing Board believes it is so important that mental health is seen as everybody's business. Across public, private and voluntary organisations and communities, we all have a part to play.

This new Mental Health & Wellbeing Strategy for Gloucestershire sets out our collective plans for promoting good mental wellbeing; preventing mental illness and suicide and intervening early; providing good quality services for those who need them, including in a crisis; and tackling stigma and discrimination. It builds on a history of strong local partnership working and I am committed to leading our delivery of the strategy as Chairman of the Gloucestershire Health & Wellbeing Board



Cllr. Roger Wilson, Cabinet Member for Adult Social Care Commissioning and Mental Health Champion, Gloucestershire County Council and Chairman of Gloucestershire Health & Wellbeing Board

¹ Mental health problem: They range from common problems, such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder.

Introduction

The national context is summarised in the Five Year Forward View for Mental Health, a report from the Independent Mental Health Taskforce to the NHS in England:

'Mental Health problems are widespread, at times disabling, yet often hidden. People who would go to their GP with chest pains will suffer depression or anxiety in silence.

One in four adults experience at least one diagnosable mental health problem in any given year.

As outlined in the Prevention Concordat for Better Mental Health, people in all walks of life can be affected at any point in their lives, including new mothers, children, teenagers, adults and older people. Mental health problems represent the largest single cause of disability in the UK.'

February 2016

It is known that mental illness is a risk factor for poor physical health, and that mental illness contributes to health inequality. People with mental ill health are more likely to have poor outcomes or die earlier. Evidence suggests this is due to a combination of clinical risk factors, socio-economic factors and health system factors.

This new strategy is focused on mental health and wellbeing and complements and expands on the Gloucestershire Health & Wellbeing Strategy 2012 – 2032 'Fit for the Future' which considers the needs of people from pre-birth to death with the aim of breaking the link between early disadvantage and poor health outcomes.

Becoming an Integrated Care System (ICS) means that organisations in Gloucestershire will come together in a voluntary partnership to build on the progress made over the past few years to develop schemes to support self-care, prevention, active communities, services in the community and improving quality, safety and outcomes in hospital care. Moving forward, the ICS will mean:

- an even greater focus on supporting people to keep healthy and independent and developing active communities
- joining up care and support for people with long term conditions in their own homes, GP surgery, community or in hospital
- greater freedom to make local decisions about services and how we spend our resources
- more opportunities to attract additional money to develop services and support

The Gloucestershire Mental Health & Wellbeing Partnership Board will continue to lead and co-ordinate the delivery of this strategy in line with the aims of the Five Year Forward View and other key strategies.

Gloucestershire's long term ambitions

In the long term, we aspire to improve mental health and wellbeing in Gloucestershire, by developing resilient communities, activities, interventions and services which focus on the person and provide joined up care. The aspiration of the strategy will be to further integrate services for people with physical and mental health needs.

²gether NHS Foundation Trust and Gloucestershire Care Services NHT Trust are working towards a merger, to transform the way mental health, community physical health and learning disability services are delivered. This will provide a great opportunity to take this aspiration forward.

We will aspire to deliver services as close to people's homes as possible, within people's local communities and aligned to GP practices.

To monitor the process/impact of this Strategy, we will engage with partners and patients through locality forums.

To achieve these ambitions, we will continue to work in partnership to build a joined up system and focus on the priorities in this strategy to take the first step on a longer journey. Whilst recognising that financial pressures can impact on individuals and families, we will work with all relevant agencies to minimise this impact.



Factors affecting a person's emotional and mental wellbeing

Mental health and wellbeing are affected by individual factors, by population characteristics and by the socio-economic circumstances in which a person finds themselves. Most of these risk factors often contribute to poor mental health and are also often outcomes of poor mental health, i.e. social isolation can contribute to poor mental health, but equally poor mental health can contribute to social isolation.

We know from national indicators that the following areas can determine mental health in individuals and populations, these are outlined in The Adult Mental Health Needs Assessment for Gloucestershire, inform.gloucestershire.gov.uk/get>ShowResourceFile.aspx?ResourceId=1106.

Many factors can have a positive influence on mental wellbeing, these are considered protective factors and include things such as:

- Enhancing control
- Individual resilience, self-esteem and confidence
- Being part of a safe and supportive community
- Involvement in meaningful activity, i.e. employment, volunteering
- Being socially included and supported
- Good physical health
- Economic security
- Equality of access to services
- Having supportive family and friends



Other factors can have a negative impact and those which are more significant in Gloucestershire compared to England are shown in bold:

- Long-term health problems or disability
- Adults with low education
- Poor English language skills
- **Misuse of alcohol**
- Use of opiates and/or crack cocaine
- Lone parent households
- **Relationship breakdown**
- **People living alone**
- **Older people living alone**
- Children leaving care
- Socio-economic deprivation

Stigma is a major issue for those with a mental health condition. This can lead to social isolation or exclusion which can impact on things such as relationships and employment. This adds to the barriers that those with mental ill health already experience.

As outlined in the Mental Health Needs Assessment for Gloucestershire, there are some groups which evidence suggests are more likely to experience poor mental health. These groups may benefit from targeted approaches to promote mental health and wellbeing.

Mental health and wellbeing can also be influenced by 'wider' factors such as employment, good housing, accessing green space, access to transport, good physical health and security and taking part in leisure activities. Caring responsibilities can also have an impact. In the 'State of Caring Survey', Carers UK 2018, 72% of carers have experienced mental ill health as a result of caring.

Often, services, activities or interventions can support positive mental health outcomes without being identified as mental health interventions.



What influences mental health



However, there are pockets of high deprivation in Gloucestershire. There are 30 neighbourhoods in Gloucestershire (19 in Gloucester, 8 in Cheltenham, 2 in Tewkesbury and 1 in Forest of Dean), which are among the 20% of the most deprived areas in England.

Thirteen neighbourhoods (Lower Super Output Areas) in the county are identified as among the most deprived 10% nationally for the IMD. This is an increase from eight areas in 2010. These neighbourhoods are located within Gloucester (10 out of 13) and Cheltenham (3 out of 13) districts.

A key determinant of mental health is deprivation. Deprivation underpins many of the factors described above. Deprivation is measured using the Indices of Multiple Deprivation (IMD) measure, which is based on seven domains:

- Income deprivation
- Employment deprivation
- Education, skills and training deprivation
- Health deprivation and disability
- Crime
- Barriers to housing and services
- Living environment deprivation

Gloucestershire is a relatively affluent county with an overall Indices of Multiple Deprivation (IMD) score of 15.0 compared with English average of 21.8.

This strategy recognises the need for increased focus on the wider influences of mental health and wellbeing, and for everyone involved in working with these determinants to understand their role in addressing them. All partners have a role to play in promoting good mental health for all in an effort to ensure mental health is everyone's business.

Themes on a page

Theme 1: Increase the focus in the wider factors of mental wellbeing and promote good mental health for all	Work with wider partners to raise awareness of the impact of the wider factors; promote universal interventions which promote good mental health; promote supportive digital solutions and technology; focus on community development and resilience
Theme 2: Get better at spotting the signs of mental ill health and intervening earlier	Support workplaces to develop positive working practices; increase availability and roll out of Mental Health First Aid training; improve access to information and advice; increase timeliness of diagnosis; encourage the uptake of support signpost and support for carers; improve the self-harm pathway
Theme 3: Improve the outcomes for people experiencing mental health crisis	Lower age of eligibility and wider access criteria to Mental Health Acute Response Services (MHARS); Intensive Recovery & Intervention Service (IRIS) for children and young people; Crisis Care Workforce Development; targeted service for High Intensity Users; improve transport experience for people subject to the Mental Health Act; reduce number of people subject to Section 136 of the Mental Health Act and a coherent all age self-harm pathway
Theme 4: Improve the wellbeing of parents, children and young people	Future in Mind; Better Births, Perinatal Mental Health; resilience and good mental wellbeing; access to support in schools; support for those who are vulnerable or in crisis; transitions; partnership working and support for families and carers
Theme 5: Continue to improve joined up approaches to reducing suicide rates across Gloucestershire	Widen access to suicide intervention skills training, target key groups to encourage participation; improve services for those bereaved or affected by suicide; raise awareness of the impact of suicide and the available support for people and their families and address insensitive reporting; reduce the access to means of suicide, including at frequently used locations; increase training and support for primary care; develop a local surveillance process to improve understanding of patterns and trends
Theme 6: Focus on recovery and resilience	Build self-resilience; promote self-help and self-management; develop peer support networks; access to help; recovery college; early intervention and prevention; reduce reliance on statutory services; work with drug and alcohol services; work alongside carers and families
Theme 7: Ensure Gloucestershire is a mental health friendly county	Recognition as a mental health friendly county; develop a tackling stigma hub; work closely with Time to Change; work with employers, primary care patient participation groups and statutory health and care workers; engage with media, social media and film and with a wider group of people with lived experience

Theme 1: Increase the focus on the wider factors of mental wellbeing and promote good mental health for all

This strategy aims to support the work of GloW (Gloucestershire Wellbeing), Gloucestershire's approach to the Public Health England Prevention Concordat for Better Health. This aims to work across the system to increase focus on the wider factors of mental wellbeing, promoting the use of interventions which everyone can access early.

This work centres around population level approaches to promoting mental wellbeing. Population level approaches are ones which aim to obtain maximum benefit for the widest number of people, and do this by working across the 'system' that exists around mental health and wellbeing. Population level approaches are less concerned with individual 'treatment' services, and aim to focus on universal interventions which are accessible by the whole population. This work may involve some targeting to specific populations which are identified as having greater need or face the greatest challenges, such as those that have experienced Adverse Childhood Experiences (ACEs).

The GloW approach is to develop a shared understanding for promoting mental wellbeing and preventing mental illness in Gloucestershire. Organisations have been invited to 'sign up' to this statement which can be accessed [here](#).

There are many existing initiatives in Gloucestershire which are already doing great things to benefit mental wellbeing. For example:

- The Community Wellbeing Service is working across Gloucestershire to tackle social isolation and loneliness, connecting residents to community groups and activities which they can be involved with, having a positive impact on their lives. This service also encourages individuals to 'give back' by volunteering or facilitating other groups in their communities, developing community capacity and resilience. Carers Gloucestershire are also operating a similar approach to 'hidden' carers.
- Stroud & Cotswold District Citizens Advice have been piloting a debt advice service for people experiencing mental health issues which is being supported by the Clinical Commissioning Group and Gloucestershire County Council. This will be evaluated in 2018/19.

In addition Gloucestershire is Acting on ACEs. ACEs, or Adverse Childhood Experiences, are specified traumatic events occurring before the age of 18 years. High or frequent exposure to ACEs, without the support of a trusted adult can

lead to toxic stress. People who experienced 4 or more ACEs have been found to be 6.1 times more likely to have received treatment for mental illness and 9.5 times more likely to have self-harmed or felt suicidal. The ten most commonly measured ACEs are: physical, sexual or emotional abuse, emotional or physical neglect, mental illness, substance misuse, an incarcerated relative, domestic abuse, and parental separation. More information can be found by visiting www.actionaces.org.

Priorities within this theme:

- Working with a wide range of partners to raise awareness of the impact of the wider determinants and consider opportunities to address these
- Promoting universal interventions for good mental health such as the Five Ways to Wellbeing in a wide range of settings such as schools, workplaces and GP surgeries
- Promoting opportunities to self-care through supportive digital solutions and technology
- Increase community resilience through place based approaches

What we will report:

- Organisations which have signed up to GLoW
- The impact of community based approaches to promote wellbeing
- The number of schools achieving the Mental Health Champion Status through Gloucestershire Healthy Living and Learning

FIVE WAYS TO WELLBEING



Theme 2: Get better at spotting the signs of mental ill health and intervening earlier

The STP identifies a need for far greater emphasis on prevention, self-care and community based support. This might include things such as:

- Support non-mental health professionals to identify and intervene early when someone is self-harming or at risk of self-harm
- Promote physical activity for all as a way of improving wellbeing
- Using innovative technologies to support self-care
- Raising awareness of the impact on carers and strengthening support for them at an early stage

The World Health Organisation (WHO) identifies three areas of activity that are broadly encompassed in the term 'prevention' when referring to mental health and wellbeing:

As in other areas of public health work, in mental health, prevention can also be considered across three levels: primary, secondary and tertiary prevention.

A key challenge in this area of work is that it is not the sole responsibility of any one organisation.

Good mental health and wellbeing can be influenced by a wide range of factors, including employment and economic stability; decent housing and a good living environment and strong social networks. Often, services, activities or interventions can support positive mental health outcomes without being identified as mental health interventions.



Priorities within this theme:

- Supporting non-mental health professionals to identify and intervene early when someone is self-harming or at risk of self-harm
- Promoting sport and activity for all as a way of improving wellbeing
- Support and encourage Gloucestershire residents to improve their mental and/or physical health and wellbeing through the Integrated Healthy Lifestyles service
- Work with a wide range of partners to raise awareness of the impact of the wider determinants and consider opportunities to positively address these
- Work with the Department of Work & Pensions and other employments services to ensure that individual being supported into employment have appropriate support around their emotional health
- Work with our housing partners to promote mental wellbeing
- Working with target groups such as carers to promote the Five Ways to Wellbeing and ways to promote and protect their own mental health
- Develop the provision of information and advice including the Your Circle website to support the implementation of this strategy

We will continue to support the ownership by people with lived experience of mental ill health for the planning of their future care.

We will report:

- The number of Mental Health First Aid courses delivered and the number of participants
- Self-harm – admission rates to hospital (all age and age 10–24) benchmarked against regional and national rates and the self-reported prevalence of self-harm by young people from the on-line pupil survey
- Numbers of employers who are engaged with the Workplace Wellbeing Charter
- Numbers of young people reporting that they self-harm through the on-line pupil survey
- Review of independent employment schemes

Theme 3: Improve the outcomes for people experiencing mental health crisis

The Gloucestershire Mental Health & Wellbeing Partnership Board has the responsibility for overseeing the delivery of the Crisis Care Concordat which is subject to continuous review via a dedicated multi-agency steering group.

We, as partner organisations in Gloucestershire, continue to work together to put in place the principles of the national **Crisis Care Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

With partners, we have developed a number of initiatives to support people at risk of, or in, crisis:

- Wellbeing Café and Kingfisher Treasure Seekers
- Co-location and joint operational working of mental health crisis services with other Gloucestershire emergency services
- Street triage pilot
- Independent Mental Health Advocacy/Advocacy
- Recommissioning the Approved Mental Health Professional (AMHP) service
- Multi-agency crisis care workforce strategy
- Transport for detained patients
- Review of self-harm pathway
- Quality checking/high quality service
- Ensure that providers in the county can provide skilled support to prevent crisis
- Mental health helpline provider
- The Alexander Wellbeing House

Priorities within this theme:

- Ensure a rolling programme of training is in place for MHARS staff to work with 11+

- In partnership with the Police 'Street Triage' initiative, implement a targeted case management approach to Section 136 and Emergency Department High Intensity Users to achieve a reduction of Section 136 activity
- Development of a new Gloucestershire Intensive Recovery & Intervention Service (IRIS) for CYPS at risk of/who have been in out of county placements, whether due to a mental health/social care related reason. Includes CYPS on paediatric wards, adult MH wards, in Tier 4 provision and those subject to S136 of the MHA
- Mental Health Crisis Care Workforce Development Strategy Implementation group to oversee the implementation of agreed training and workforce development priorities through their quarterly meetings
- Implement alternative conveying/ transport arrangements for people assessed under or requiring conveyance under the Mental Health Act 1983/2007
- Create a good practice telephone protocol with an agreed set of standards for the Mental Health Acute Response Service (MHARS)
- Develop plans to, and avoid and respond to crisis
- Review and re-vitalise the implementation of the Crisis Care Concordat Declaration and Action Plan to include extending membership.

We will report:

Work progress on the Gloucestershire Mental Health Crisis Care Concordat to include:

- Patient reported outcomes and feedback from people who use the services
- Feedback from people with lived experience and carers of their experience of MHARS and other crisis support
- Section 136 activity and the use of health-based places of safety
- Street triage pilot and outcomes
- Level of health transport for people subject to Section 136
- Rate of self-harm admissions to Gloucestershire Hospitals NHS Foundation Trust
- The numbers of young people (11-17 years) supported by MHARS
- Crisis prevention level of activity of Alexander Wellbeing House.

Theme 4: Improve the wellbeing of parents, children and young people

The Gloucestershire Transformation Plan takes a whole system approach that is vital to transforming and making significant progress against increasing numbers of children with mental health difficulties.

A Health Needs Assessment was undertaken to inform the Plan <https://inform.goucestershire.gov.uk/viewpage.aspx?c=page&page=ChildrenandYoungPeople>

There are four priorities of support identified in the plan:

Priority 1: Building resilience, information and advice and early intervention

Priority 2: Joined up support – schools, communities and GPs linked to mental health support

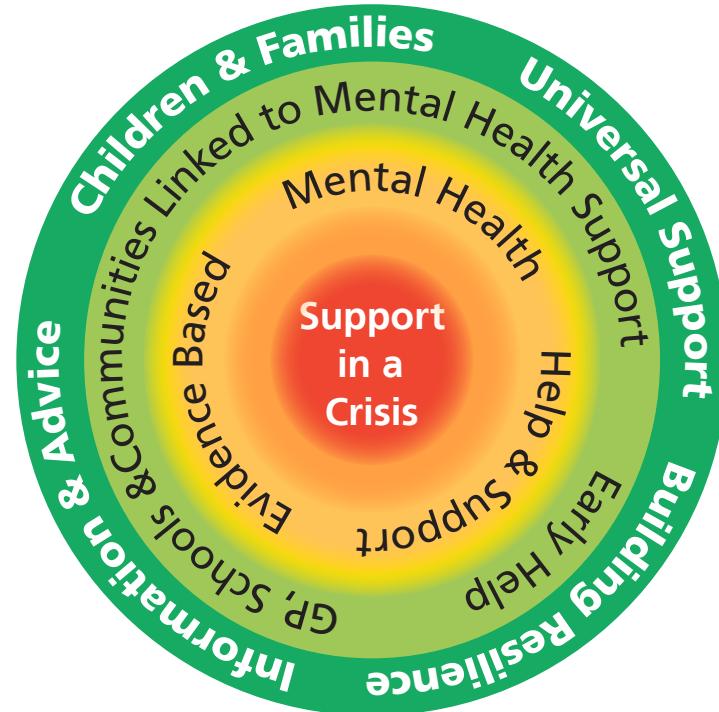
Priority 3: Pathways – access, waiting times and transition

Priority 4: Vulnerable children and young people with complex needs/intensive interventions

Improving support for women and families around the time of birth as a priority in Gloucestershire. This is because maternal ill health can have both short and long term impact on the family and the child.

Priorities within this theme:

- Develop a community perinatal and infant mental health service integrated with Maternity, the wider mental health and care systems including working with VCS organisations to provide better local support for women and children through the perinatal period
- Implement support for children and young people with long term physical health conditions
- Roll out increased mental health support for schools via the Schools Link pilot across the county and via the Mental Health Champions Award
- Develop more support for vulnerable Children and Young People including those in care and in the criminal justice system
- Pilot the reductions in waiting times from referral to treatment within 4-6 weeks



- Roll out increased mental health support for schools via the Wave 1 Trailblazer pilot
- Develop joined up health and care support for children in crisis
- Improve pathway of support for eating disorders
- Improve transition from young people to adult services
- Broaden the gateway into services via increased capacity for early intervention and alternative models of working.
- Through a unique public sector, voluntary and community organisation collaboration, Gloucestershire will build communities that are Aware of ACEs, Talk about ACEs and take Action on ACEs.

We will report on progress via Gloucestershire's Future in Mind update reports and through the Health and Wellbeing Board.

Theme 5: To continue to improve joined up approaches to reducing suicide rates across Gloucestershire

By 2020/21, the Five Year Forward View for Mental Health sets the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. This is equivalent to around 500–600 deaths per year.

The latest suicide data for Gloucestershire shows a local rate of 10.8 deaths by suicide per 100,000 population (2014–16 average). This is consistent with the national average. However, the rate of deaths by suicide in Gloucestershire amongst men aged 35–64 is higher than the England average.

In Gloucestershire, we have a well-established Suicide Prevention Partnership, which developed a local multi-agency suicide prevention plan in 2015. This has been recently reviewed to ensure its alignment with national policy changes and based on recent evidence contained in a Suicide Audit, published in December 2017. We will work towards the aims of the refreshed Suicide Prevention National Strategy, launched in January 2017.

Risk factors can include:

- Gender (men are 3 times more likely to die by suicide)
- Age – the high risk age group is 45–59
- Bereavement or relationship breakdown
- Sexual orientation and gender identity
- Mental illness
- Socio-economic status – defined by job, class, education, income, education or housing
- Behavioural – some patterns of behaviour can indicate a risk of suicide. These include use of alcohol, substance misuse, self-harm and involvement with the criminal justice system

- Psychological– risk factors include perfectionism, over-thinking, feelings of defeat, hopelessness and being trapped
- Long term physical health conditions

Priorities within this theme:

- Widen access to suicide intervention skills training, targeting key groups to encourage participation amongst those who support or have contact with those most at risk
- Improve the availability of timely information, advice and support for those bereaved or affected by suicide
- Deliver a communications and engagement plan to raise awareness of the impact of suicide and the available support for those at risk of suicide, their friends and family and address insensitive or harmful reporting in the media
- Work with a wide range of partners to reduce access to means of suicide, including at frequently used locations
- Increase training and support for primary care, including awareness of risk factors, referral processes and reducing access to means through prescribed medication and best practice for learning from deaths
- Develop a local surveillance process to improve understanding of patterns and trends and help partners to respond to and prevent potential clusters and contagion.

We will report:

- The suicide rate (per three year rolling average)
- The number of hospital stays because of self-harm amongst the general population

Theme 6: Focus on recovery and resilience

For people with mental ill health, the focus on recovery needs to be part of their care and support from the outset. In the context of this Strategy, 'recovery' can be defined as a philosophy of care that focuses on how to support a person's hopes, strengths, resilience and health, whether or not there are ongoing or recurring symptoms or problems.

We need to enable people to recover and to be as well as possible. We need to work alongside people to support them and their families and carers on their recovery journey to ensure care is personalised to their needs.

We know that we need to work with employers and other agencies to challenge discrimination and destigmatise mental health in the workplace and other settings by accessing more mental health focused training and education such as Mental Health First Aid training.

For those with the most complex mental health needs, where a number of factors have impacted on their lives over a longer time period, it is acknowledged that more intensive support helps to rebuild and stabilise their lives; this will include working with services that treat drug and alcohol misuse.

We know that nationally the rate of detentions under the Mental Health Act has trebled since the 1980's and doubled since the 1990's. The rising rate of detentions is reflected in Gloucestershire. Our aspiration is to reduce the number of individuals subject to compulsory detention and provide the least restrictive option whenever possible.

We recognise that recovery is different for everyone and we need to further develop the health and social care system to help people to recover from day one of their journey and that they are challenged and helped to achieve this.

Priorities within this theme:

- Help people to build self-resilience and facilitate their recovery journey
- Promote ways for people to self-help and self-manage their own mental health
- Further develop peer support networks to reduce social isolation
- Enable access to help and support from mental health services when it is needed

- Promote the work of the Severn & Wye Recovery College including the support they can give carers
- Build on early intervention and prevention services to reduce and avoid the development of more complex needs
- To explore opportunities to work with organisations which allow people to take an active role in their recovery from mental illness to reduce reliance on health, social care and emergency services
- Work with services that treat alcohol and drug misuse to ensure services for people who have co-occurring mental health and drug and alcohol conditions are joined up
- Encourage the use of digital therapy and self-management options
- To minimise the need for individuals to require out of area treatment for acute mental health problems or specialist treatment.
- Aim to reduce the number of compulsory admissions making the least restrictive option the default option
- To develop a coherent approach to working with people with emerging and diagnosed personality disorder including workforce development, training and scoping a business case for a specialist service
- Continue to progress the Triangle of Care approach to ensure carers are supported in mental health services

We will report:

- The number of people accessing psychological therapies
- The percentage of those undergoing Improving Access to Psychological Therapies reporting improvement
- Audit of quality of discharge/Rainy day plans or equivalent
- Rates of those in employment and stable housing
- Detention rates under the Mental Health Act and Deprivation of Liberty
- Number of attenders and carers

Theme 7: Ensure Gloucestershire is a mental health friendly county

Gloucestershire aims to be a mental health friendly county. This means that everyone living and working in Gloucestershire shares the responsibility for ensuring that people with mental ill health and their families and carers feel understood, valued, safe and able to contribute.

In order for the County to become more mental health friendly we need to:

- Be more open
- Have a range of options to keep well
- Make reasonable adjustments
- Encourage a work/life balance
- Work against stigma
- Build mental health into conversations
- Lead by example
- Encourage Mental Health First Aid Training and Applied Suicide Prevention Skills Training (ASIST)
- Encourage wellbeing at work
- Encourage awareness of how to access help and support
- Be confident in recognising and responding to emotional distress

Priorities within this theme:

- Develop a tackling stigma hub (as part of the national Time to Change programme) with broader partnerships, champions and stakeholders across the county
- Increase the work with, and inclusion of, people with lived experience
- Increase capacity and ability to tackle mental health stigma work for and with people aligned to priority groups
- Engage a wider group of people with lived experience to become champions of tackling stigma activity

- Work with Patient Participation Groups (PPG) to ensure that tackling mental health stigma and talking mental health messaging reaches into every GP practice in the county
- Engage with media and use social media and film development to spread messages of positive stories
- Tackling stigma with statutory health and care workers in organisations in Gloucestershire

We will report:

- The number of people with lived experience engaged with Mental Health Experience Led Opportunities (MHELO) or other independent networks of support among people who have had, or are experiencing mental health difficulties
- The number of Patient Participation Groups in GP surgeries actively involved in tackling mental health stigma and talking about mental health
- The number of changes made as a result of quality toolkits from a patient's perspective being undertaken such as the '15 step challenge'
- The number of tackling stigma events undertaken with GP/primary care involvement
- The number of care organisations and employers actively involved
- The number of pledges made as a result of workshops undertaken
- The increase in social media followers of 'GlosTacklesStigma' by 5% month on month
- The number of people taking champion and leadership positions including those from marginalised groups and Patient Participation Groups



This is what you told us you wanted

- Co-production
- Person centred, holistic care
- To include the views of people with lived experience
- To challenge discriminatory language and behaviour
- To remove stigma
- To create better links with carers
- Clear pathways
- Early intervention
- Care plans
- Information sharing
- services for people with personality disorders

Short term:

By midway through the life of the strategy we would expect more people to:

- Recognise their own mental ill health and wellbeing and access support appropriate to their needs
- Feel able to talk about how they feel with their loved ones, friends and colleagues
- Be responsible for their own recovery journey, with support where required
- Identify themselves as carers and feel valued and listened to
- Have accessed Mental Health First Aid training through schools, colleges, work or other organisations they are linked with

Medium term:

At the end of the 5 year period covered by the strategy there will be:

- More focus on early intervention and prevention
- Reduced reliance on crisis and emergency services
- A noticeable and positive change in attitudes towards mental health from initiatives in schools and workplaces
- Greater shared accountability, cost effectiveness and efficiencies in service delivery
- More people with access to a personal budget
- Better understanding of and commitment to addressing the wider determinants of mental health

Long term:

- Beyond the life of this strategy we recognise the need to continue to transform and evolve Gloucestershire's mental health services – with a whole person, whole life, whole community approach.

Delivering and measuring progress

Delivery of this strategy will be through the Gloucestershire Mental Health & Wellbeing Partnership Board who are responsible for monitoring co-produced and detailed action plans to ensure that the strategy is delivered and makes a difference to people's lives. The Mental Health & Wellbeing Partnership Board is accountable to the Gloucestershire Health & Wellbeing Board.

A suite of performance indicators will be compiled which will help to monitor progress to achieve our vision. To complement the long term impact of the strategy, periodic qualitative surveys of service users, carers, staff groups, voluntary sector organisations and other interested parties will be undertaken on behalf of the Partnership Board.

Narrative based updates will also help tell the story of Gloucestershire.

This strategy is the start of a journey; come on board and join us to achieve our vision



For further information about this strategy please contact the Mental Health Team at NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE

Tel: 0300 421 1500 or

Email: GLCCG.enquiries@nhs.net

To discuss receiving this information in large print or Braille please ring **0800 0151 548**.

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