Sunderland City Council

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Author/Priority Lead:	Yusuf Meah, Public Health Practitioner
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1	Complete review, added data including real time data and impact of Covid 19	Yusuf Meah/Janet Collins	March 2021	**DRAFT**
2	CCG added data and update with children and young people component including	Lisa Forster/Matt Thubron/Helen Steadman/ Karen Lightfoot Gencli	April/May 2021	**DRAFT**
3	Consultation with stakeholders and partnerships which includes CCG, University, S'land Counselling Service, Wider SCC Council, ICOS	Yusuf Meah	June/July 2021	**Final**
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This JSNA should be read in conjunction with the Ageing well JSNA, Suicide prevention strategy and action plan, Children and Young People Mental Health and Emotional Wellbeing JSNA, Best Start in Life JSNA and action plan.

Executive Summary
Good mental health and wellbeing is important for us to lead happy, healthy lives. It has a positive impact on our inter-personal relationships and how we cope and engage with the world around us. Research[i] shows that good mental health and wellbeing promotes our overall health, supports recovery from illness, and improves life expectancy. There is also evidence[ii] that good mental health and wellbeing also has a positive impact on better educational achievement, reducing risky health behaviours, reduced risk of mental illness suicide, improved employment rates, reduced anti-social behaviour and higher levels of social interaction and participation

Mental Health and wellbeing are inextricably linked as both as a cause and consequence of physical health, educational attainment, employment and productivity, relationships, community safety, community cohesion and quality of life. The risk factors for poor physical and mental health often overlap, and the effect of social and environmental determinants on physical health can also have an influence on resilience. People with severe mental illness, for example, are at higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease, and cardiovascular disease[iii]. |

Also, many people with long-term physical health conditions experience poor mental health and wellbeing[iv]. These can lead to significantly poorer health outcomes and reduced quality of life.

The foundations for good mental health and wellbeing are established pre-birth during foetal development, in childhood and adolescence. The Best Start in Life (BSIL) Joint Strategic Needs Assessment (JSNA) for Sunderland can be found by clicking here. The BSIL JSNA provides detailed information on the evidence, local need and interventions and should be referred to when reading this JSNA in particular relation to protective factors such as healthy pregnancy.

Mental health and emotional wellbeing (MHEW) are a very important part of general health and wellbeing. The mental health and emotional wellbeing of children is especially important as this ultimately can shape the life chances and outcomes for that child into adulthood, as Marmot highlighted. https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

At least one in four people will experience a mental health issue at some point in their lifetime, which can affect their daily life, relationships, and physical health, and one in six adults have a mental health issue at any one time[v]. One in twelve children aged between 5 and 19 years has a mental health issue, and many continue to have mental health issues into adulthood[vi]. Around 75% of mental illnesses are established by the age of 24[vii], this indicates the importance of prevention and early intervention and addressing the childhood determinants of mental health and wellbeing.

Among adults under 65, nearly half of all ill health is mental illness. In other words, for those of working age, nearly as much ill health is mental illness as all physical illnesses put together[viii]. Every year in the UK, more than 250,000 people are admitted to psychiatric hospitals and over 4,000 people die by suicide. Mental illness represents up to 23% of the total impact of ill health in the UK – the largest single cause of disability. Estimates suggest that the cost of mental health issues in England are close to £105 billion per year, which includes costs of lost productivity and wider impacts on wellbeing and treatment costs. These are expected to double by 2030[ix].

There is an increasing focus on the importance of mental wellbeing. It is generally agreed that 'There is no Health without Mental Health'. Parity of esteem between physical and mental illness has become a key principle within the NHS for the treatment of ill-health. Public mental health is fundamental to public health in general because mental health is a determinant and consequence of physical health as well as a resource for living. A public mental health approach[x] is concerned with promoting mental wellbeing, preventing future mental health problems and with recovery from mental health problems. The importance of an asset-based approach to mental health; to building resilience and aiming for wellbeing in which the goal of mental and physical health is inseparable. This also makes clear the importance of a focus on the determinants of health and wellbeing, to a life course approach and to tackling inequalities.

A public health approach to creating mentally healthy places requires targeting outwards from the home and institutional settings where people live, to education and working settings, to the community, then the physical environment, and finally to the overarching

socio-economic conditions. It also requires committed and proactive engagement with community members.

NICE published updated guidelines on the community engagement to improve health and wellbeing and reduce health inequalities in 2016[xi]. Working to empower communities in decision making in relation to planning and regeneration has been shown to increase resilience within communities. Community development approaches, like public health interventions more generally, are an opportunity to support empowerment. It is crucial that in addressing mental health equity for those that carry the highest risk of poor mental wellbeing, efforts to support this group to engage fully is a priority.

This JSNA has been developed to harvest intelligence to support the development of the Sunderland Adult Mental Health Strategy. Whilst the focus of the strategy is specifically for adults aged 18 and over, there is a recognition of the transition process from children's to adult services. The health and wellbeing and attitudes of adults are shaped by their upbringing, social status and experience. The health of Sunderland population is generally worse than the England average; life expectancy is 11.5 years lower for men and 8.7 years lower for women in the most deprived areas of Sunderland compared to the least deprived areas[xii]. Mental Health varies by region but is generally more prevalent in the North of England and in Sunderland, estimated levels of Mental Health are worse than the England average[xiii]. Sunderland residents experience the following mental health issues as demonstrated by real time data (2021):

- Anxiety, stress, and worry
- Extreme anxiety, over thinking and irrational thinking
- Low mood and depression
- Existing mental health problems worsened
- People struggling with mental health difficulty for the first time
- Some increase in suicidal thoughts amongst men and young people

Public Health Outcomes framework has data published on Mental Health available via [Mental Health and Wellbeing JSNA - PHE](#) but is important to note that the data is lagging and can be challenging to understand landscapes. The CCG and ICS have access to real time data which enables better insight and more approached planning for intelligence led service provision hence it is key to take a partnership approach to address gaps and challenges as a whole system.

Taking in to account a life course approach to public mental health, this values the mental health and wellbeing of both current and future generations. It recognises that there are a wide range of protective and risk factors that interact in the production and consequences of mental health and wellbeing that accumulate over the life span. An individual's internal capabilities and motivation interact with external social and environmental factors to have a bearing on their mental health outcomes.

A life course approach[xiv] identifies opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages from pre-conception, during pregnancy, through early childhood to adolescence, working and family building years and into older years. This approach seeks a balance across the life course

and capitalises on the potential to deliver a whole system inter-generational approach to mental health improvement.

National strategies

NHS Long Term Plan
The NHS Long Term Plan[xv] sets out the NHS plan to redesign health services to meet the challenges and needs of the 21st century. The ambition is for the NHS to be:

- More joined up and coordinated in its care
- More proactive in the services it provides
- More differentiated in its support offer to individuals

Prevention is a key feature of the long-term plan, setting out a vision that the NHS not only treats illness but supports people to live healthily, and to help people with long-term conditions to self-manage and prevent emerging problems from worsening. The Plan includes several specific commitments for children's and adult's mental health. Integration is also a recurring theme in the plan, setting out a vision for the 'triple integration' of primary and secondary care, physical and mental health services, and health with social care. The Centre for Mental Health has published a briefing on the Long Term Plan and potential implications for mental health on https://www.centreformentalhealth.org.uk/nhs-long-term-plan

The NHS Mental Health Implementation Plan 2019/20 – 2023/24[xvi] underpins the commitments identified within the NHS Long Term Plan specifically for the mental health sphere and the goals set nationally to improve care in specific areas:

- Perinatal Mental Health
- Children and Young People (CYP) Mental Health – including CYP Crisis
- Delivery of a comprehensive Mental Health offer for 0 -25-year olds
- Adult Common Mental Illnesses (IAPT)
- Adult Severe Mental Illnesses (SMI) Community
- Adult Liaison Mental Health
- Adult Crisis Alternatives
- Ambulance mental health provision (all ages)
- Therapeutic Acute Mental Health Inpatient Care
- Suicide Reduction and Bereavement Support
- Problem Gambling Mental Health Support
- Rough Sleeping Mental Health Support

Regional and local approaches and plans
The Public Mental Health agenda in Sunderland is shaped by the regional work of the Public Mental Health Network. Local delivery is provided from a whole range of organisations including Council department, VCS sector organisation and Public Health. There are a range of partnerships which support and drive forward the mental health agenda for example the Crisis Care Concordat partnership, Suicide Prevention Action Group, Child and Adolescent Mental Health Service Partnership and the more recent transforming community mental health services group.

Treatment services for Mental Health are predominately commissioned by the CCG to support those with existing mental health issues across the life course. For example, Children's and Young People's Mental Health Services (CYPS), Community CAMHS, Improving Access to Psychological Therapies (IAPT which is for over 16s) and a range of clinical services. University of Sunderland provide extensive intervention and treatment, working in collaboration with external services. Staff and students all have access to online 24/7 support (Togetherall and Silvercloud)

All Together Better (ATB) brings together all providers and commissioners of adult community services in Sunderland to deliver the most personalised, pro-active and joined up care, oversees the transformation of mental health services via the Mental Health, Learning Disabilities and Autism Programme (P2).

Adult Mental Health and Children Mental Health infrastructures are very different regionally and locally. These differences are realised and can be challenging particularly in relation to key life course transition points such as peri natal mental health and the transition from children to adult services.

The 2021 Sunderland Healthy City Plan[xvii] is the refreshed Joint Health and Wellbeing Strategy, informed by insight and intelligence gained through a Joint Strategic Needs Assessment, to address the interlinked challenges that exist between good health and other key issues in the city. The 2030 vision for health and wellbeing in Sunderland is: '*Everyone in Sunderland will have healthy, happy lives, with no one left behind.*' It identifies Mental Health as an integral part of the plan and the commits to taking forward key actions informed by the Adult Mental health strategy.

Part of the Healthy City Plan's key ambition is to tackle health inequalities, which requires system wide collaboration and actions to address the underlying root causes that impact on ill health. Strengthening integrated partnership working with local government, NHS and the voluntary and community sector is a key component of making an impact at population level as demonstrated in the Public Health England document, 'Reducing health inequalities: system, scale and sustainability' (2017)[xviii].

The draft CAHMS JSNA describes available data on determinants and health, interventions, existing services and it highlights some priorities, links to the Best Start in Life (BSIL) JSNA for Sunderland which has recently been published and can be found by clicking here. This provides detailed information on the evidence, local need and interventions and should be referred to when reading this JSNA in particular the section in relation to protective factors such as school readiness, development stage checks and attainment.

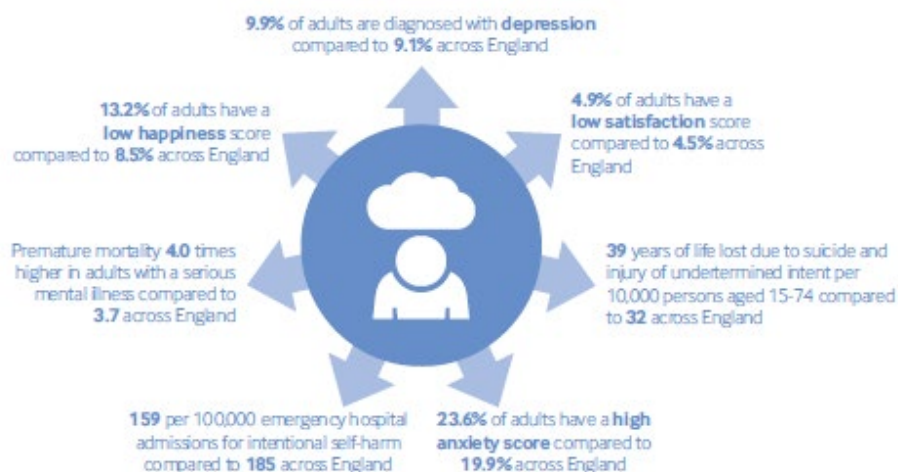| 1) Use title of JSNA |
| --- |
| Adult Public Mental Health and Wellbeing |

2) What is the need locally, both now and in the future?

People in Sunderland experience higher levels of social and economic disadvantage than the England average. These disadvantages are strongly linked to poor health. The English Indices of Deprivation 2019 [xix] are based around the seven domains of income, employment, health, education, crime, barriers to housing and living environment. They show that a disproportionately high number of people in Sunderland live in areas that are among the most disadvantaged across England.

Whilst average life expectancy at birth has improved over several years, the city continues to lag England as a whole. The people of Sunderland live, on average, shorter lives than the England average. They also often live a greater part of their lives with illness or disability which limits their daily activities[xx]. Across England, increases in life expectancy at birth have slowed in recent years. In addition, in the last year healthy life expectancy for men in Sunderland has reduced by just over one year. Although not statistically significant, this is worthy of note.

In recent years, there has been increasing recognition of the impact of mental illness on the population. Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of 'parity of esteem'. In line with the ambitions of the NHS Long Term Plan, in 2020, NHS England implemented the Mental Health Investment Standard. This seeks to improve investment in mental health services to ensure that mental health and physical health are equally valued. At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the inequalities in health outcomes for people with mental health problems are being quantified. Indeed, there is a significant body of evidence to suggest that people with long term physical illnesses suffer more complications if they also develop mental health problems[xxi].
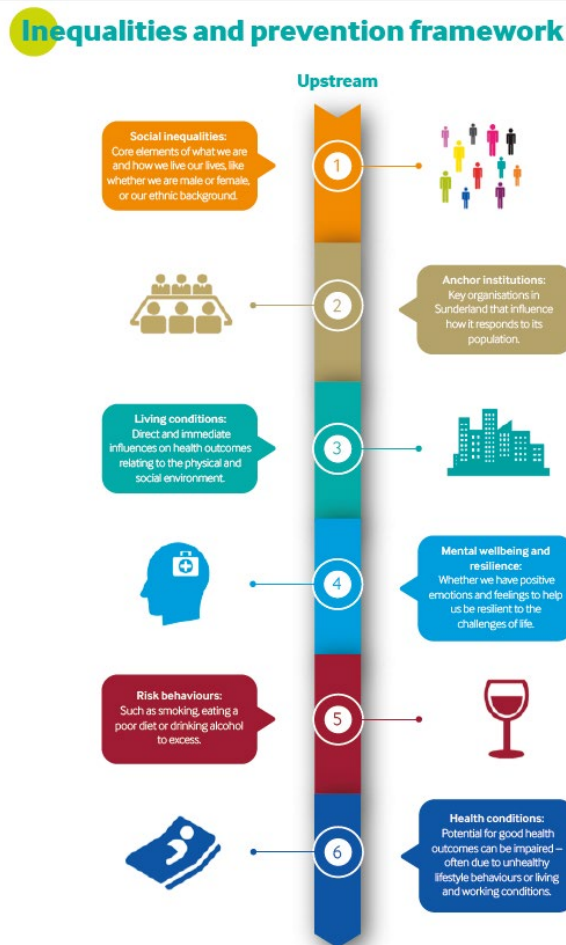
FIGURE 4:
Key indicators of mental health, Sunderland compared to England (7) (8) (9)

9.9% of adults are diagnosed with **depression** compared to **9.1%** across England

13.2% of adults have a **low happiness** score compared to **8.5%** across England

4.9% of adults have a **low satisfaction** score compared to **4.5%** across England

Premature mortality **4.0** times higher in adults with a serious mental illness compared to **3.7** across England

39 years of life lost due to suicide and injury of undetermined intent per 10,000 persons aged 15-74 compared to **32** across England

159 per 100,000 emergency hospital admissions for intentional self-harm compared to **185** across England

23.6% of adults have a **high anxiety** score compared to **19.9%** across England

Mental wellbeing is made up from factors such as having purpose and meaning in life and positive emotions and feelings to help us be resilient to the challenges of life. The social inequalities people experience can often lead to poorer mental wellbeing, for example through problems like bullying and harassment. Good mental wellbeing helps people to

maintain their health and be less susceptible to unhealthy behaviours. People who don't engage in unhealthy behaviours are more likely to have good mental wellbeing.

There are stark inequalities in health outcomes both between Sunderland and the rest of the country and within the city itself[xxii]. The causes vary in the way they impact on health and can be thought of as having either an "upstream" or "downstream" effect. Intervening "upstream" means that we are preventing poor health developing, whereas when we focus "downstream" we are less likely to impact on peoples' health in the long term.

Inequalities and prevention framework

Upstream

1. **Social inequalities:** Core elements of what we are and how we live our lives, like whether we are male or female, or our ethnic background.

2. **Anchor institutions:** Key organisations in Sunderland that influence how it responds to its population.

3. **Living conditions:** Direct and immediate influences on health outcomes relating to the physical and social environment.

4. **Mental wellbeing and resilience:** Whether we have positive emotions and feelings to help us be resilient to the challenges of life.

5. **Risk behaviours:** Such as smoking, eating a poor diet or drinking alcohol to excess.

6. **Health conditions:** Potential for good health outcomes can be impaired – often due to unhealthy lifestyle behaviours or living and working conditions.

The Inequalities and Prevention Framework outlined in the Sunderland Director of Public Health report 2019 recognises mental wellbeing as a pivotal factor that influences our resilience to unhealthy behaviours. It also shows that it is shaped by our place in society and the environment we live in.

Resilience is normally associated with factors such as good living standards, better educational attainment, good quality employment and good mental wellbeing. In 2017, Sunderland Adult Lifestyle Survey[xxiii] demonstrated a clear link between good mental wellbeing and resilience to unhealthy lifestyle behaviours.

People that reported that they had no unhealthy lifestyle behaviours also had better mental wellbeing.

Crucially, in Sunderland, there continues to be many more people experiencing poverty and income deprivation than in other areas of England:

Mental Health Inequalities:

Every person in Britain should have access to health services to support them to attain the highest possible standard of mental and physical health. However key communities including those from protected characterises groups experience worse physical and mental health outcomes than the rest of the population, particularly homeless people, transgender people, Gypsies, Roma and Travellers, refugees and asylum seekers and people with learning disabilities[xxiv]. These are linked with poorer socio-economic outcomes for these groups, which exacerbate poor health. As more people are living to older age, many of those extra years are being spent in poor health (particularly by women), posing a greater demand on existing health and social care services.

The Equality and Human Rights Commission (2018) found that lesbian, gay and bisexual people, and those reporting other sexual orientations were almost twice as likely (27.2%) as heterosexual people (14.3%) to report poor mental health in England whilst 45% of all looked after children in England have a diagnosable mental health condition (compared with 10% of all children).

Despite numerous programmes to help children and young people with mental health needs, learning disabilities and/or autism in England, this has not yet resulted in improved access or outcomes for children and young people in need of mental health services.

Also in 2016/17, known rates of Mental Health Act 1983 detention in the Black or Black British group were over four times that of the White group, and rates of Community Treatment Order use were almost nine times those of the White group. The use of restrictive interventions on mental health service users is also over three times higher for Black or Black British groups compared with White British

Domestic violence and sexual violence have very significant impacts on mental health and emotional wellbeing. For children, as victims of domestic violence or as witnesses to parental domestic violence may have impacts that continue into adulthood and later life. This is similar for children who are sexually abused or exploited. For adults as victims / survivors of domestic and / or sexual violence, they are more likely to suffer mental illness needing clinical intervention[xxv].

As some groups of people have far poorer mental health than others, often reflecting social disadvantage, those same groups of people have less access to effective and relevant support for their mental health. And when they do get support, their experiences and outcomes are often poorer, in some circumstances causing harm. This 'triple barrier' of mental health inequality affects large numbers of people from different sections of the population.

Mental health inequalities cause harm to individuals, families, communities, and society. From rising antidepressant prescriptions to the growing use of the Mental Health Act, inequalities carry a heavy cost. Reducing mental health inequalities will have multiple benefits: better lives, a fairer society, and a stronger economy.

While mental health has become a bigger and higher profile policy imperative in the last two decades, the deep inequalities that cause mental health difficulties, and the stark inequalities in people's access to and experiences of mental health services, have been hidden in plain sight.

The Covid-19 pandemic has brought these injustices to the surface in the most tragic ways. But it also creates a unique window of opportunity for a new start. Social innovation has frequently followed national and international traumas: from World Wars to natural disasters. We must grasp this opportunity to think and act differently to address inequalities. This is particularly reflected in the feedback from our engagement work undertaken in Sunderland and visible in key activity indicators within physical and mental health services and in some cases, is very different for children and adults.

Some of the key groups who experience inequalities are depicted below:

Children and young people with a **learning disability** are **three times** more likely than average to have a **mental health problem** (Lavis et al, 2019)

People who identify as **LGBT+** have **higher rates** of common **mental health problems** and **lower wellbeing** than heterosexual people, and the gap is **greater for older adults** (over 55 years) and those **under 35** than during middle age (Semlyen et al, 2016)

Children from the **poorest 20%** of households are **four times** as likely to have·**serious mental health difficulties** by the age of 11 as those from the wealthiest 20% (Morrison Gutman et al, 2015)

Men and women from **African-Caribbean communities in the UK** have **higher rates of post-traumatic stress disorder** and **suicide risk** and are more likely to be **diagnosed with schizophrenia** (Khan et al, 2017)

The Commission for Equality in Mental Health (2020)[xxvi] has explored a wide range of ideas to boost mental health equality. There are no simple solutions or overnight remedies for entrenched injustices. But they have found that effective action is possible. We need to scale up the best approaches, and for those with resources and influence to invest differently. Communities, local organisations, and regional/national partners to work together to generate change at scale. This is reflected in the feedback received via the engagement work undertaken in Sunderland and suggests that further community work is required to engage with and reach out to harder to reach cohorts.

Students in higher education are identified as a key risk group. University of Sunderland has significant students residing in Sunderland. More students than ever are reporting mental

health conditions with needs and experiences which may differ from the rest of the Sunderland population. https://www.officeforstudents.org.uk/media/b3e6669e-5337-4caa-9553-049b3e8e7803/insight-brief-mental-health-are-all-students-being-properly-supported.pdf. The challenge for universities and colleges is to recognise how identities intersect and overlap, multiplying the difficulties students with mental health conditions face.

There are a number of barriers on the pathways to care which are particularly applicable to the student population, including:
- Some students, particularly international students, may be sensitive to the fear of stigmatisation.
- There may be long waiting lists for treatment services external to university.
- Achieving access and maintaining continuity of care can be difficult when students are in one place during term time and return home or go elsewhere during vacations

Primary Care and Sunderland CCG Mental Health Data Analysis 2019-2021

New diagnosis of depression has risen in Sunderland, along with the North-East region and England average. The Chart below shows patients aged 18 and over with depression, as registered for the first time on practice disease registers in the financial year. Patients registered with a new diagnosis of depression in Sunderland increased from 1.0% in 2013/14 to 1.8% in 2017/18

Depression: QOF incidence (18+) - new diagnosis Sunderland
Crude rate - %
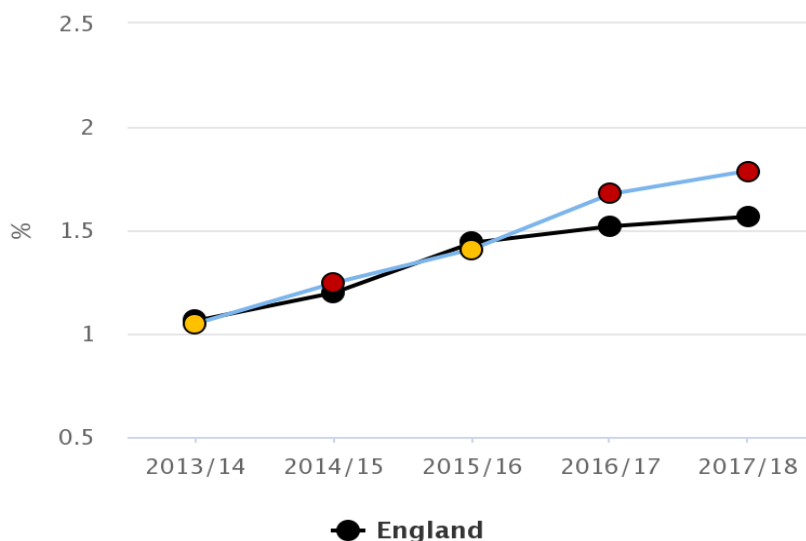
Modelling across the North East and North Cumbria Integrated Care System (ICS shows a likely increase in demand for MH services over next 5 years following the impact of Covid. The Mental Health Strategy will aim to respond to the increase and take into consideration the key highlight from across the needs assessment. Key highlights from the real time data available within the CCG commissioned services show:

Mental Health Prescribing – Prescribing of mental health related drugs in Sunderland is the highest across the ICS and has shown higher levels of growth compared to others and nationally. Sunderland projected to spend £6m on Mental Health prescribing (price and volume growth) in 2020/21. Overall prescribing growth (all drugs) based on items prescribed is 1.1% compared to last year. Mental health growth is 3%. Key areas of growth include drugs for depression and neurotic and stress related

Actual Item Rate per 100,000 Population

Code	Organisation	Population	2018/19	2019/20	2020/21 YTD	Crude 2020/21 Outturn	2020/21 Rank	18/19 vs 19/20 Var	19/20 vs 20/21 Outturn
84H00	COUNTY DURHAM CCG	559,623	424,290	456,125	308,326	462,489	9	7.5%	1.4%
13T00	NEWCASTLE GATESHEAD CCG	533,163	388,637	410,193	280,929	421,394	7	5.5%	2.7%
01H00	NORTH CUMBRIA CCG	326,387	320,559	336,978	227,472	341,208	2	5.1%	1.3%
99C00	NORTH TYNESIDE CCG	222,725	388,414	409,572	277,052	415,578	5	5.4%	1.5%
00L00	NORTHUMBERLAND CCG	330,335	362,095	383,143	262,231	393,346	4	5.8%	2.7%
00N00	SOUTH TYNESIDE CCG	158,309	389,743	420,843	291,938	437,907	8	8.0%	4.1%
00P00	SUNDERLAND CCG	284,134	473,797	509,828	350,077	525,116	10	7.6%	3.0%
16C00	TEES VALLEY CCG	709,564	360,050	380,720	261,215	391,823	3	5.7%	2.9%
	ICS Total	3,124,240	386,397	410,775	280,368	420,552	6	6.3%	2.4%
	National Total	60,591,526	249,549	263,357	178,958	268,437	1	5.5%	1.9%

Several approaches are being taken to attempt to redress this:
- Development of deprescribing guidance to facilitate review and discontinuation of prescription where appropriate
- Reviewing antidepressant initiation processes and decision making, including consideration of access challenges with non-pharmacological interventions
- Building capacity and expertise in social prescribing
- Promoting the use of / referral to talking therapies (IAPT)

General Practice: - There is increased demand into General Practice for depression and anxiety in 2020/21. As at Dec 2020, there was 36,203 patients coded in general practice as having depression and 58,993 coded as having anxiety. This shows an increase from March 2020 for both areas, a steady increase month on month. All CCGs across the ICS are showing similar increases which is likely to be a direct result of the COVID19 pandemic. There are larger increases in working age adult and older population. North and East of the City have seen an increased register size for some practices whilst demand into IAPT services not increasing at this point but expected to increase over time.
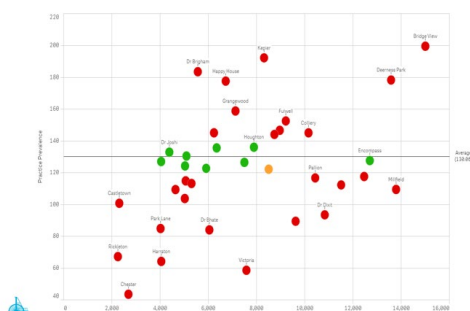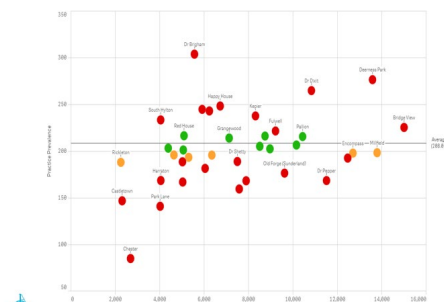

Dementia diagnosis rates decreased as a direct impact of the COVID19 pandemic, mainly

due to the public choosing not to attend their general practice and memory protection services and particular issues accessing diagnostics required for diagnosing dementia. As the health and care system recovered after the first lockdown, this improved but diagnosis rates still remain a key pressure and priority.

Other key quality initatives for mental health, learning disability and autism were impacted as a result of the COVID19 pandemic. Learning Disabilities and Serious Mental Health annual health checks were not carried out as per local and national expectations during the first lokdown and only recently have began to increase as the CCG and practices have prioritised the recovery of these areas.

Secondary care - Emergency admissions for MH conditions (primary diagnosis) have increased over the last two years and further during COVID. There is a higher increase in the in the alcohol and delirium categories whilst we also know there is the increase in the anxiety category. Referrals into Crisis Services have increased during COVID, particularly late summer 2020 and sustained at a high level. Admissions in most deprived quintiles are 3 times higher than the next quintile and 20 times higher than the least deprived. Growth also is higher in most deprived quintiles.

Emergency Admissions for Patients With a Mental Health Primary Diagnosis by Deprivation Decile 2019/20 v 2020/21
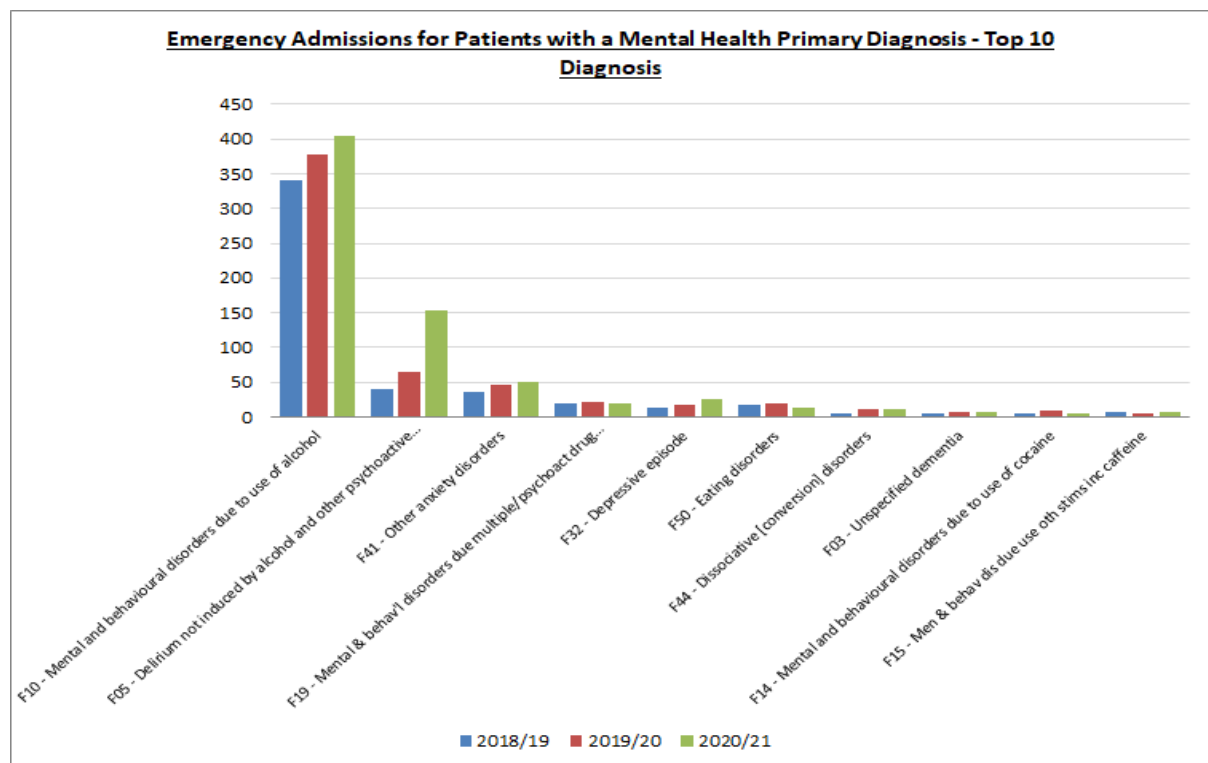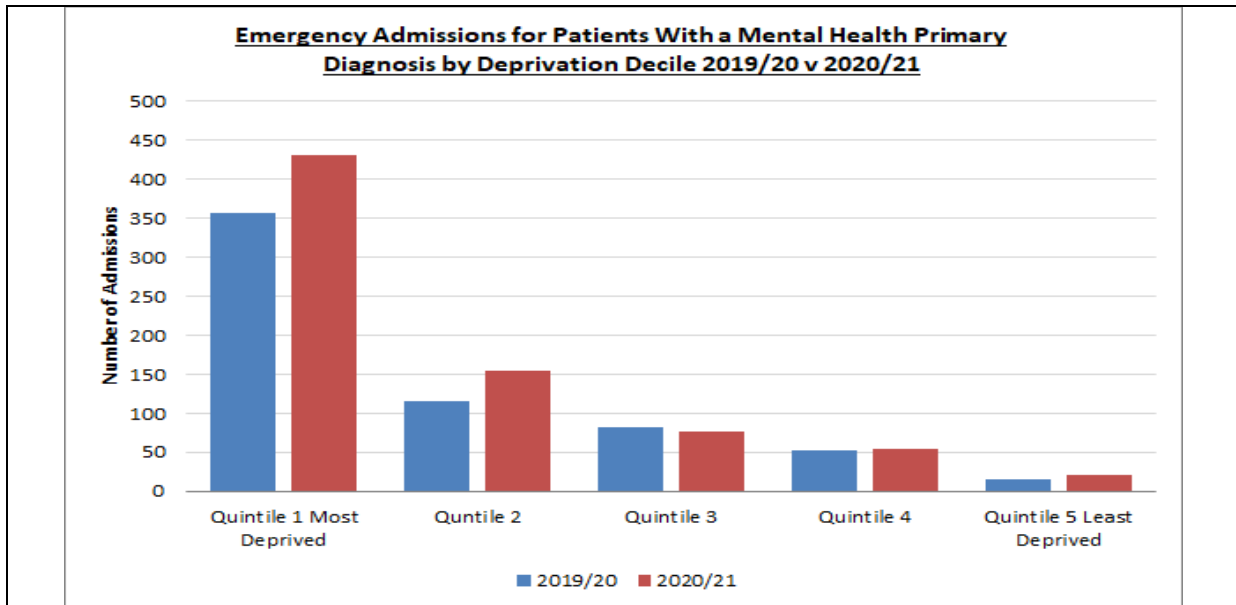
Children's Mental Health

The mental health and emotional wellbeing of children and young people is linked to future health, morbidity, and mortality, as well as to socio-economic outcomes and care utilisation; for instance, people with mental ill health use more emergency hospital care than those without mental ill health; over three times more accident and emergency (A&E) attendances and nearly five times more emergency inpatient admissions[xxvii].

There is an increased understanding that mental health and emotional wellbeing of children is a leading priority when trying to improve self-efficacy and the health of our local population, reduce health inequalities, and reduce demand now and in the future for health and social care services.

The Healthy City Plan sets outs out key actions in its implementation plan for a number of Health & Wellbeing Board priorities including Best Start in Life and 11 to 19 workstream through the developing Youth Strategy. By working with key stakeholders from various lead areas including higher education including our young people this will ensure that it responds to need and makes best use of resources.

Best Start in Life

Along with the Best Start in Life (BSIL) JSNA, the wider system is represented through the Best Start in Life Partnership have recently reviewed their action plan in line with 10 priorities, two of which include pregnancy and Perinatal Mental Health.

CAHMS Partnership, JSNA & Transformation Plan

The draft CAHMS JSNA describes available data on determinants and health, interventions, existing services and it highlights some key priorities. ..\..\CAMHS 2020\CAMHS Partnership\JSNA\v1.1 CAMHS JSNA Dec 2020.docx The information in this JSNA will be used by the Sunderland Children's Integrated Commissioning Group to inform the transformation of local children and young people's mental health services, as well as inform

future commissioning plans, as the demand into children's MH services decreased significantly during COVID and then increased significantly as schools reopened and has remained consistently higher than pre COVID levels since at least October 2020.

The Warwick Edinburgh Mental Wellbeing (WEMWB) Score

Within the Adult Lifestyle Survey 2017 we used the Warwick Edinburgh Mental Wellbeing (WEMWB) Scale which comprises a series of 14 questions; these have been validated to give a meaningful and reliable measure of mental wellbeing which can be used at population level. Total scores range from 14 to 70 and a higher score represents better mental wellbeing. Average (mean) scores are used to compare the results of different groups

By social class and deprivation status
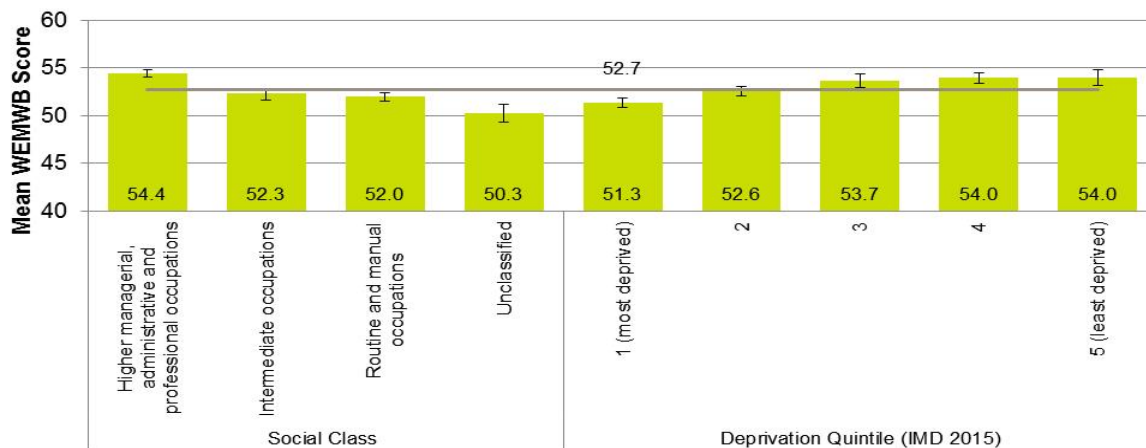
- Adults in higher managerial, administrative and professional occupations (54.4) had a significantly higher average mental wellbeing (WEMWB) score than the Sunderland average (52.7), whilst adults who have never worked or are long term unemployed (50.3) had a significantly lower average mental wellbeing (WEMWB) score than the Sunderland average (52.7).
- Adults who live in areas within Sunderland that are among the most disadvantaged fifth of all areas across England (Quintile 1) (51.3) had a significantly lower average mental wellbeing (WEMWB) score than the Sunderland average (52.7); 38% of the Sunderland population lives within these areas.
- Adults who live in areas of Sunderland that fall into Quintile 5 (54.0), Quintile 4 (54.0) and Quintile 3 (53.7) had a significantly higher average mental wellbeing (WEMWB) score than the Sunderland average (52.7).

Map showing average mental wellbeing (WEMWB) score for Sunderland wards
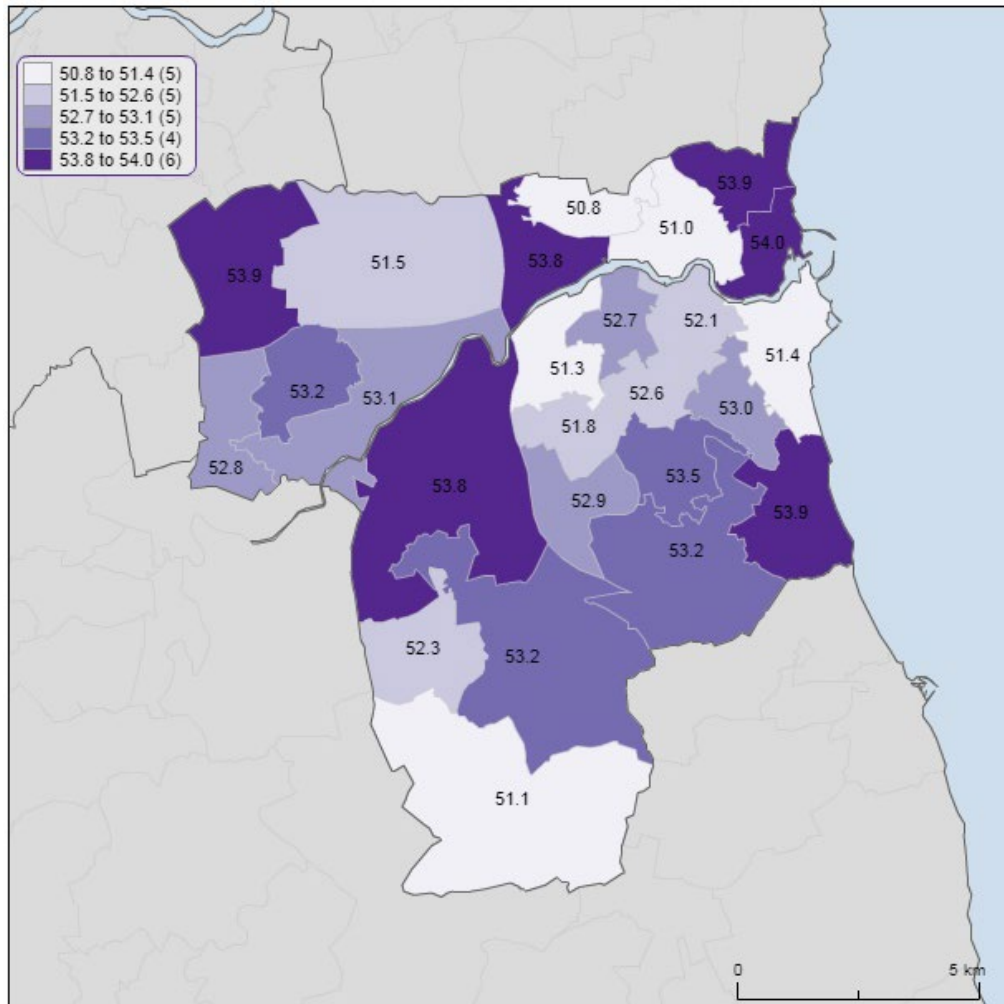
©PHE - © Crown copyright and database rights 2017, Ordnance Survey 100016969 - ONS © Crown Copyright 2017
- This map was generated with some user imported data

Impacts of Covid 19

Pre pandemic data enables us to know of key groups across our population that are at risk of poor mental wellbeing and the development of mental health conditions, including anxiety, depression, self-harm, psychosis, and suicide.

In addition, we already know a range of risk factors for the development of poor mental health including unemployment, deprivation, poor physical health, and substance misuse. During the unprecedented times of the COVID pandemic and government response, mental health has been significantly challenged, as some risk factors for the development of mental illness and poor wellbeing has been exacerbated- for example isolation and financial strain, increased levels of bereavement and traumatic experiences whilst international students have shared worrying concerns.

Public Health England (PHE) routinely compiles a **COVID-19 surveillance report** that updates and summarises findings from ongoing mental health and wellbeing surveys. The Centre for Mental Health[xxviii] recently estimated that up to 10 million people, including 1.5 million children and young people under 18, may need mental health support in the aftermath of the pandemic.

Available evidence[xxix] nationally indicates that self-reported mental health and wellbeing worsened during the first national lockdown of the COVID-19 pandemic. Psychological distress, anxiety and depressive symptoms appeared to peak in April 2020. There is evidence of some recovery by July 2020, perhaps back to pre-pandemic levels, which was sustained until September.

Weekly data (although not wholly consistent) from studies[xxx] signal that self-reported mental health and wellbeing may have worsened again between October 2020 and January 2021. Many studies have analysed data from the UK Household Longitudinal Study[xxxi]. They suggest that, among adults:

- average mental distress was 8.1% higher in April 2020 than it was between 2017 and 2019
- after accounting for the increasing trend since 2014, average mental distress was 0.5 points higher than expected in April 2020
- the proportion of adults who reported a clinically significant level of psychological distress increased from 20.7% in 2019 to 29.5% in April 2020, before returning to 21.4% in July 2020 and 21.5% in September 2020
- the proportion of people experiencing sleep problems increased from 16% before the pandemic to 25% in April 2020

A study[xxxii] of people surveyed between July 2019 and March 2020, and then again in June 2020, suggests that the proportion of people reporting depressive symptoms increased and that those symptoms worsened over the period.
Various new mental health related longitudinal studies were set up in March 2020[xxxiii]. Two

-COVID-19 benchmarks.

A third study[xxxiv] suggests that there were significant decreases in anxiety and depressive symptoms between April and August 2020.

Population measures are useful for understanding overall levels of mental health and wellbeing. However, they can hide variation within the population. There is evidence[xxxv] that some groups are more likely to report worse mental health and wellbeing than others. There is also evidence that the COVID-19 pandemic has had a larger adverse impact on the mental health and wellbeing of some groups than others.

When asked during the Sunderland Menta Health Strategy Engagement work, overall, 91% of respondents felt that the pandemic had impacted on their mental wellbeing / health which is quite stark. When asked to elaborate, the majority reported that the pandemic has impacted on them as a result of not being able to see their family and friends and generally

socialise with others (44%), with a further 27% reporting this was due to government restrictions, which have stopped them doing the things they normally would. It was also noted that respondents felt that the national restrictions had taken away their coping mechanisms to deal with strains and anxieties as well as being able to do what they would normally to manage their own symptoms and well-being.

Do you feel that the COVID-19 pandemic has impacted on your mental wellbeing / health? (N=555)
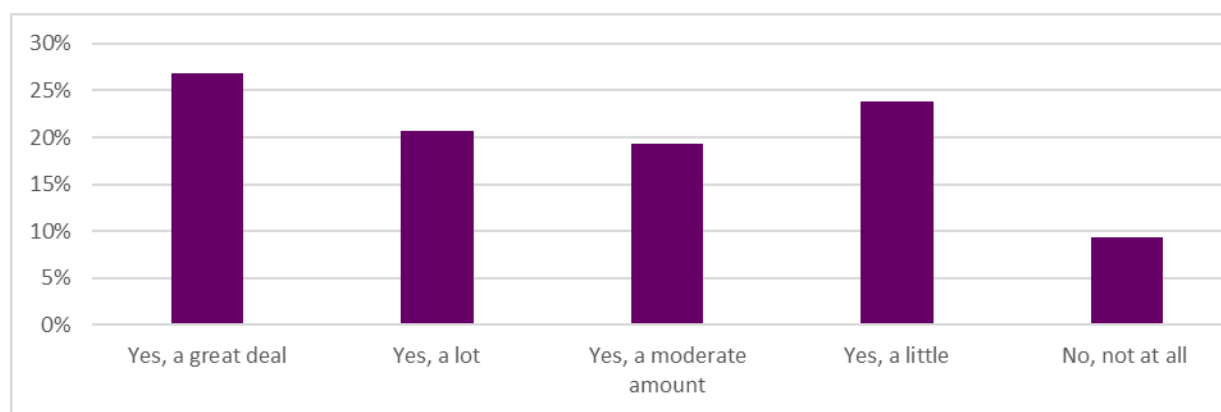
Regionally and locally, those with the highest level of unmet need are; children and young people, older people, those socially isolated, BAME communities, people with pre-existing mental health difficulties/ disabilities. The diagram below shows potential mental health impacts of COVID-19 across the life course. There will be additional impacts for people with a learning disability and/or autism which will need careful consideration. Students and frontline staff are likely to have additional impacts too.

Immediate mental health impact of COVID-19 across life course

Regionally and locally, there is now strong building evidence that the Covid 19 pandemic has both exposed and exacerbated longstanding inequalities in society and worsened the mental health of the population leaving a legacy of poor mental health and associated difficulties for years to come. Groups have not been equally impacted; young adults and women, children and young people, BAME communities and groups with worse mental health pre-pandemic – have been hit hardest.

Covid -19 lockdown measures have been found to create or increase existing feelings of anxiety, isolation and low mood. People stuck in poverty are more likely to experience anxiety, depression and other mental health difficulties.

In response to the pandemic and the first wave of the lockdown, Public Health England coordinated a regional work as part of which, Sunderland carried out a Rapid Mental Health Impact Assessment to identify improvements which maximise the positive impacts programmes and services have on mental health and wellbeing and minimise negative outcomes. The most common issues identified are provided below:

Anxiety, stress and worry
Extreme anxiety, over thinking and irrational thinking
Low mood and depression
Existing mental health problems worsened
People struggling with mental health difficulty for the first time
Some increase in suicidal thoughts amongst men and young people

This provides a clear picture of the direct impact on mental health and wellbeing that has appeared and is also consistent across the whole region, however we know from the evidence that this impact will be felt more acutely in poorer income households, deprived
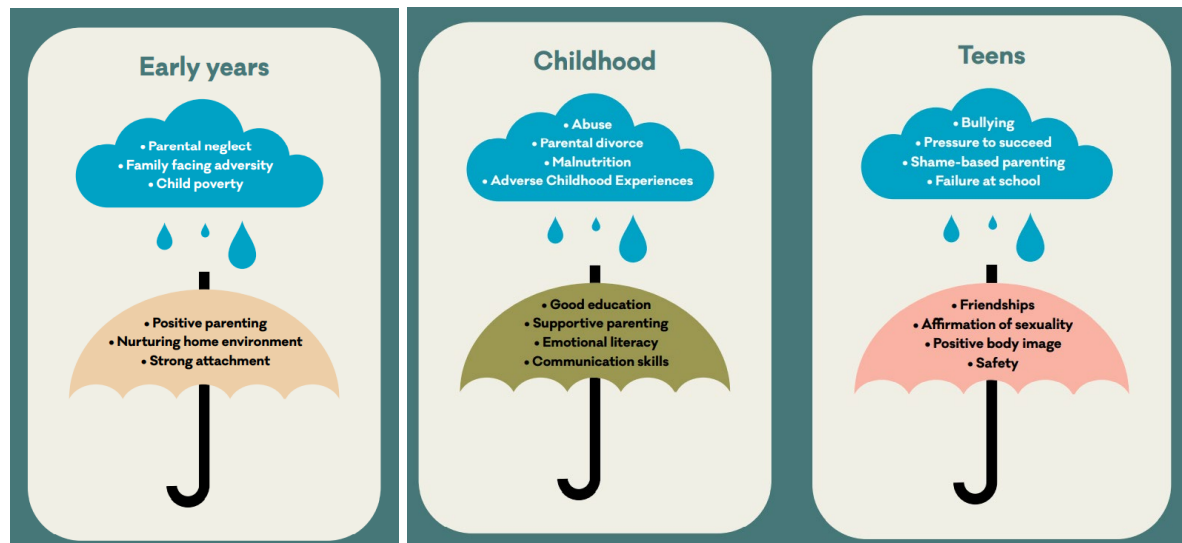
communities and amongst specifically vulnerable groups. Those with the highest level of unmet need being; children and young people, older people, those socially isolated, and people with pre-existing mental health difficulties/ disabilities.

Regionally, it was recognised that the Rapid Mental Health Impact Assessment lacked evidence relating to children and young people, therefore a further piece of research is currently in development to capture additional detail to support the regional approach.

Risk and protective factors

Risk factors are those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will experience more vulnerability to poor mental health. Risk factors can reside with the individual or within the family, community, or institutions that surround the individual. On the other hand, protective factors mitigate against relapse by enhancing wellbeing and resilience in the face of adversity and moderate the impact of stress and transient symptoms on social and emotional wellbeing, thereby reducing the likelihood of disorders.

Below are key mental health risk and protective factors across the life course.

Early Adulthood	Adulthood	Later years
• Isolation • Harassment • Move out of family home • Alcohol and drug dependence	• Discrimination • Relationship breakdown • Debt and poverty • Unemployment • Community violence • Toxic work	• Loneliness • Loss • Inequality • Physical illness and disability
• Social networks • Self-esteem • Good understanding of mental health	• Savings • Good work • Good quality housing • Family contribution	Positive roles Family connections Financial security

3) What are the effective interventions?

Public Health England have published what Good Looks Like for Public Mental Health (What-Good-Public-Mental-Health-Looks-Like-Final.pdf (adph.org.uk)
to facilitate and support quality improvement in public mental health outcomes in England. It is based on existing evidence and uses the principles in the Prevention Concordat for Better Mental Health for All.

Furthermore, taking a whole system approach to addressing the rising concern of mental health is more important than ever before. To reduce widening and persistent health inequalities, a radical shift is needed to put communities at the heart of health and wellbeing. Building healthy, resilient, connected and empowered communities is an important way of improving the health of the population. PHE (2020) published Community-centred public health taking a whole system approach (Community-centred public health: Taking a whole-system approach (publishing.service.gov.uk) which highlights effective approaches to implement a whole systems approach. It supports the case for a shift to more person and community-centred approaches to health and wellbeing. Actively involving citizens in prevention programmes and strengthening community assets is a key strategy in helping to improve the health of the poorest fastest.

What Works Wellbeing shares people's experiences, and whether they are struggling or thriving. The published work explores what affects mental health and wellbeing and share the use of different approaches to measure and improve wellbeing in the population.

Sunderland has a range of assets to support good mental health, including good health services, green environments with relatively low air pollution. We have a range of facilities and approaches which are offered by organisations in Sunderland to support and promote mental wellbeing:
- Sunderland has an established Mental Health Charter Mark. This is one of five

charter marks under the Sunderland Healthy Schools Award. [Sunderland Healthy School Award | Together for Children](#).

- 0-19 Public Health Service, Growing Healthy Sunderland has Emotional Resilience Nurses as additional support to school nursing for children and young people
- Together for Children are procuring a provider to support with the mindfulness agenda with training for primary school staff in Sunderland. They also have an Early Help offer and a Family Centre in each of the 5 localities
- The CAHMS partnership secured Trailblazer funding for a Mental Health Support Team (MHST) to enhance the service offer, by providing a targeted service to some schools who have the highest levels of health inequalities. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff.
- A suite of hospital led mental health services for higher level mental health needs
- Commissioned community services to provide mental health support, such as Cancer Counselling (expires in March 2022), Talking Therapies (e.g IAPT and primary care counselling services), Counselling for Adult Survivors of Sexual Violence & Abuse (CASSVA) service.
- Practical support for living with and dealing with mental health issues including access to therapeutic, social and wellbeing activities and an emotional support/ listening ear service.
  - For example, The Essence Service offers information and advice on health, wellbeing and legal issues while ensuring people are aware of how to access services that are of benefit to them. People with an early dementia diagnosis also receive emotional and peer support to help understand and deal with their dementia diagnosis in a positive way to help delay the escalation of a dementia diagnosis.
- The website www.wellbeinginfo.org.uk. provides access to resources, advice and information to help residents look after their own health and mental wellbeing. It enables residents to find local support services in the, gives information about specific health issues and provides links to other useful websites and national helplines
- The Sunderland Live Life Well website ([Mental Wellbeing - Live Life Well](#)) promotes Mental Health and linked training covering Mental Health for Managers, Mental Health First Aid, Introduction to Mental Health, Call handling and suicide prevention.
- Mental Health at Work Commitments is promoted to all businesses via the Sunderland Workplace Health Service. The Mental Health at Work Commitment is a framework developed by UK employers and mental health experts that enables employers to establish key steps to support mental health and resilience.
- Sunderland has a community approach to suicide prevention. The Suicide Prevention Action Group takes forward a comprehensive action plan to address local priorities and is identified by the annual Suicide Audit
- Suicide prevention training, known as 'A Life Worth Living' is accessible for people living working and volunteering in Sunderland
- Emotional and practical support is available to people who have been affected by suicide through the If U Care Share Foundation including access to primary care counselling and talking therapies via IAPT.
- Sunderland's Workplace Health Alliance is a group of local businesses who want to help their employees to make healthier lifestyle choices. The alliance provides practical advice and information and enables businesses to share information and

best practice. Mental wellbeing is one of the priority areas identified by the alliance

- Sunderland wellbeing network is an initiative of partners based on collaboration. The individuals aim to provide a network to receive public health updates and presentations on topics to increase public awareness and positively contribute to the Public mental health and wellbeing in Sunderland.
- Sunderland Time to Change hub is a joint project between partners and Sunderland City council based on tackling stigma and discrimination of mental health, hosted by Washington Mind.
- Connect 5 is a training programme that aims to build the capacity and capability of non-specialist frontline workforce to have more proactive and evidence-based conversations about mental health. These conversations are intended to contribute toward promoting mental wellbeing, preventing mental health deterioration and when necessary, identifying and taking appropriate action to address mental distress.
- There are CCG led partnerships which focus on intervention and transformation such as the Community Mental Health Transformation Programme which in April 2021 is embarking upon a wide scale transformation and involves a wide range of partners across the city including, NHS and Voluntary Sector Providers, Local Authority and Education. There is a strong emphasis on co-production throughout the transformation programme and organisations are encouraged to involve service users, carers, families and local communities in co-developing and co-designing their proposals. There is also a Crisis Care Concordat which works across the city with a commitment to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need
- Working with the wider community, the Council's community resilience team are currently delivering a significant mental health programme across the city. These are available on the council's website https://www.sunderland.gov.uk/communitysupport).
- A national Veterans Mental Health Service has recently been announced by NHSE Op Courage which provides access to the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS), the Veterans' Mental Health Complex Treatment Service (CTS) and the Veterans' Mental Health High Intensity Service (HIS)
- Sunderland University's Mental Health and Wellbeing offer has seen referrals increase by 180%. The University's inhouse offer ensures there is rapid response to students by qualified and trained wellbeing advisors. This also enables strong joined up response with the NHS provision.

4) What is being done locally to address this issue and how do we know this is making a difference?

- **Peri Natal Mental Health Service** provides a community service to support women experiencing mental health difficulties related to pregnancy, childbirth and early motherhood. We also work to minimise the risk of relapse in those women who are currently well but who have a history of severe mental illness. Additional funding has been secured to establish a Maternal Mental Health Service (MMHS) in Sunderland for women experiencing mental health difficulties directly arising from, or related to, the maternity experience, as part of the Fast Follower implementation stage
- **The Healthy Child Programme** is a universal programme to ensure that every child gets the good start they need to lay the foundations of a healthy life. The 0-19 Public Health Service delivers this through Health visitors and school nurses who promote

mental, physical and social well-being and emotional resilience by giving information and support to families, including referrals for additional support, focusing respectively on pre-school children and school-age children.

- **Community Child and Adolescent Mental Health Service (CCAMHS) Tier 2** service is commissioned to provide evidence based therapeutic service for children, young people and their families with moderate levels of mental health need.
- **Children and Young Peoples Service (CYPS)** provides: specialist services for children, young people and their families with severe and complex mental health needs.
- **Nationally Commissioned Services** NHS England currently commissions Tier 4 services for children with highly complex, severe or persistent mental health needs (0.075%). These are predominantly in-patient services
- **Primary Care and wellbeing service** provide information, assessment, screening and treatment for people suffering from common mental health disorders and the IAPT service is being redesigned to integrate primary care counselling into IAPT pathways
- **Social Prescribing** to empower people to take control of their health and wellbeing by giving time to focus on 'what matters to me' and building trusting relationships with people to create a shared personalised care and support plan, connecting them to local, diverse and culturally appropriate community groups, VCSE organisations and services.
- **Occupational therapists** enable people to participate in the activities of everyday life.
- **General practitioners***:* the vast majority of people are registered with groups, who provide the first point of service provision around mental health problems.
- **Physical activity, weight management and obesity services** include access to information, support and programmes for individuals, families and schools to facilitate maintaining a healthy weight through nutrition and physical activity opportunities, exercise on referral, slimming on referral, community based and specialist Weight Management Teams, anti-obesity drugs and weight loss surgery.
- **Drug and Alcohol Services***;* community treatment is provided by NHS or voluntary agencies, working alongside different care providers. The Alcohol Strategy's areas for action include community safety, treatment, and education and communication
- **Sunderland Wellbeing Network** provide a forum for all partners and residents within the city to raise awareness of emotional health and wellbeing.
- **Voluntary and community sector** provide several projects around emotional health and wellbeing including delivery of emotional resilience training, promotion road shows, art groups and mindful money pilot programme and offer opportunities for volunteering. The VCS sector is also delivering COVID Mental Health and Wellbeing Support Projects – March to September 2021
- **Regional partnerships –** PHE Public Mental Health Network and the North ICS have invested in local projects to address Mental Health, Suicide and self-harm targeting those most effected. There has also been work to deliver a targeted communication and PR approach maximizing resources from Every Mind Matters
- **CCG Partnerships** deliver on key action plans that address mental health challenges as identified by data. This enables a collaboration with providers and partners to ensure key areas are being addressed
- **CCG commissioned service include:** low, intermediate and high level services to improve mental health and wellbeing such as talking therapies, counselling services,

serious mental illness, eating disorder, dementia and delirium, learning disabilities, psychosis etc. delivered in a range of settings appropriate to the condition by a variety of providers including NHS and Voluntary Sector.

- **Primary Care:** Usually, the first point of service provision around mental health problems; Additional Mental Health Practitioner roles will be appointed in 2021 to work in conjunction with the local mental health hospital. Targeted work underway around the prescribing and de-prescribing of antidepressant initiation processes and decision making, including consideration of access challenges with non-pharmacological interventions

- **Altogether Better Sunderland:** An alliance that brings together community, care and health organisations in Sunderland to make the best use of resources available to maximise local assets, meet physical and mental care health need and respond to national government expectations.

- **Better Mental Health funding:** Sunderland City Council has invested within partners of the VCS Alliance to respond to the mental health Impacts of Covid 19. Also the Council has secured funding (July 2021) from the Department of Health and Social Care to ensure further investments are made in key VCS sector organisations to promote Better Mental Health and reduce inequalities.

- **Sunderland Workplace Health Alliance:** The Alliance supports businesses across the city to address health and wellbeing. There is a strategy which supports businesses to understanding on Governance and practice sharing. The Alliance has launched the Mental Health at Work Commitment in collaboration with National Mind which provides a framework for local businesses to follow to implement clear workplace approaches to mental health. The Alliance has also been running capacity building sessions for Anchor and Small Medium Enterprise businesses to support self-sustainability to respond to workplace health needs.

- **NE universities network:** Student Mental Health is identified as a need / esp. in relation to risk. There is strong information sharing between NHS and HE but there can be local difficulties within Sunderland that impact of patient experience.

A wide range of other services which promote mental well-being are provided by all sectors including libraries, leisure and sports centers, debt advice, carers' support, advocacy services, and services for victims of domestic violence and perpetrators.

5) What is the perspective of the public on this issue?

Director of Public Health report 2019
As part of the 2019 annual Director of Public Health report, various resident engagement sessions were carried out. Those who participated and completed a survey predominantly felt that they take care of their own health. However, those that didn't indicated that there are often many pressures on their mental wellbeing. It is perhaps unsurprising then, that when asked what they would like to achieve by being healthier, people said they would like to have more energy and better sleep. Alongside lack of sleep, many said they experience stress on a daily basis, with less than 20% of people indicating they felt calm. This is telling us that although many people find ways and motivations to maintain good health, a significant proportion experience a range of pressures in modern life that can combine to adversely impact their mental wellbeing. As a result, we may expect that they are more susceptible to unhealthy behaviours. Alongside this, data showed that children and young people in Sunderland can experience significant challenges to their mental wellbeing.

Public Health

Healthy Pregnancy Survey
The purpose of the Let's Talk Pregnancy survey was to investigate what pregnant women, those planning pregnancy and those that had recently had a baby, knew about how to stay healthy during pregnancy. It found advice and tips on coping with emotional changes and anxiety during and after birth was the third most commonly selected statement as a high priority when asked about what information would be useful to know, although when asked about what is important to stay healthy during pregnancy, getting support for anxiety and talking to someone about worries were low on the list of priorities. A recommendation was to promote the national campaign - Help Us, Help You – and access to NHS services for maternity, to encourage pregnant women to seek advice and support from midwives.

Health Related Behaviour Survey
The survey offers analysis of behaviours of some pupils, which informs the consideration for health promotion to support and influence the wider lifestyle choices of children, young people and families in Sunderland. The 2021 survey will include questions relating to Covid 19. The pandemic has had a clear impact on children and young people, as a range of national surveys have shown https://nya.org.uk/published-surveys/

Healthwatch Sunderland
In June 2020, Healthwatch Sunderland gathered feedback from 714 respondents, gathering people's general experiences of using health and social care services during the COVID-19 pandemic. The aim of this report is to understand the experiences of those who responded to the questions on the impact of the pandemic on their mental health and wellbeing.

Women reported that the pandemic had a greater impact than men and were more likely to seek support for their mental health. Women were more likely to seek help from friends and family, whereas men preferred to seek support at work, from mental health groups and GPs. The age group who reported the highest levels of negative impact were respondents aged between 25 and 34, with 67% of respondents showing that it had impacted them a great deal, a lot or a moderate amount. This contrasts to just 36% of those over 75 years old. Those aged between 18 and 24 were most likely to say they were not able to access the support they needed. Detailed report is available on What you told us about COVID-19 - Mental health and wellbeing | Healthwatch

Sunderland Workplaces
Surveys with Sunderland workplaces in 2019 (pre pandemic) and in 2020 (mid pandemic) highlighted Mental Health to be leading contributing factor to sickness, presentism and absence and the need for business leaders to start looking more closely at the crucial role they play in supporting the wellbeing of their staff. Key issues highlighted by employees include Anxiety, stress, sleeplessness and low morale.

MMC, a local marketing research and insights company carried out insights with business leaders to explore the impacts of Covid on local businesses. 104 business took part of which 83% were microenterprises. 54% said their mental health was worse than before the

pandemic. Peer-to-peer support was one of the things that has helped business owners the most during lockdown whilst 'meditation and mindfulness' was a positive coping mechanism. It was no surprise that over /under eating and drinking more alcohol had also appeared high on the list. More details are available on [Business Owners' Mental Health during lockdown – MMC](#).

As referenced below, a recent survey was undertaken in Sunderland with large employers in relation to Mental Health.   Respondents were asked to rate how well they thought their organisation supports employees with their mental and following on from this, if they thought their organisation could do more to help. The majority rated their organisation highly with three respondents giving a score of 10, four respondents giving a score of 8 and another respondent a score of 9. The majority of these respondents did not think their employer could do anymore to support employees' mental health, whilst two respondents who allocated a score of 8 said that they could do more to some extent. Specifically, in relation to the pandemic, respondents were asked about how they were supported with their well-being; positive responses were provided detailing how organisations had put efforts in place to reduce isolation whilst working from home with increased communication, keep in touch sessions and more frequent one to ones.

CCG Mental Health Strategy engagement findings
As part of Sunderland CCG's aim to create a strategy for improving adult mental health in the City for 2021, a comprehensive piece of engagement to explore perceptions of mental health and mental health services in Sunderland was undertaken. Over 1000 members of the public responded which included current and past service users and carers, staff working within mental health services, large employers in the City, Voluntary and Community Sector Organisations (VCSOs) and other key stakeholders.

The majority of the general public felt they were able to manage their mental wellbeing through engaging in certain activities and behaviours relating to their health. However, the research shows that the COVID-19 pandemic has tested the resilience of individuals indicating that the pandemic has had an impact on their mental wellbeing as restrictions have prevented them from doing what they would normally do to improve and manage their mental wellbeing. Feelings of isolation, loneliness, anxiety, depression, fear and concern for others were common.

The engagement with large employers provided further evidence of the pandemic's impact, with all perceiving that it has had an effect on the mental wellbeing of their workforce. Furthermore, the insight from this engagement and that with the general public, show an evident variation in the mental health support received from employers,

The impact of COVID-19 on mental health and its wider determinants has not only affected those who already struggle with their mental health, but those with no history, including new cohorts of younger individuals.

For respondents with experience of accessing community mental health services themselves or who they care for; most described their experience as good. The attitude and professionalism of staff, as well as the high quality and effective treatment received were most likely to be cited as positive aspects of service access, with further positive elements identified by staff and stakeholders including pathways and partnership working. The

research however, identifies several areas for improvement with regards to the provision and delivery of community mental health services, the key ones being:

- **Access and waiting times –** significant improvements needed to enhance the experience and break down barriers for patients entering the system, those transitioning between different mental health services, those in crisis as well as those re-engaging following a relapse / a deterioration in their mental health.
- **Integration of services** – greater integration is needed between different mental health services, as well as with primary care, other NHS services, social care, and VCSOs to enable more seamless care, develop understanding and improve all round communication.
- **Patient-centred care –** the current system is heavily focussed on fitting patients into pre-set pathways with fixed treatment options, change is needed to move to a more agile system which enables patients to receive integrated, holistic care tailored to their needs.
- **Awareness and perceptions –** there were widespread lack of awareness of the community mental health services available in Sunderland and further how individuals can access them.
- **Provision available and support for all levels of need –** the need to improve the overall provision available, through investment in existing and new services. A proportionate universalism approach is needed, i.e. resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need.
- **Recognition of the role of VCSOs –** for many, particularly those from protected characteristic groups, being able to engage with others who have the same language, culture, disability and/or are in a similar situation is key to helping individuals to control their mental wellbeing.
- **Transition from children to adult mental health services –** considerable improvement is needed in the transition from CYPS to adult services

6) Recommendations for commissioning and further needs assessment work

The Sunderland Health and Wellbeing Board's vision is that everyone, irrespective of where they live in Sunderland, has good mental health and wellbeing, especially communities facing the greatest adversity and barriers. This includes those living with and recovering from mental illness. As mental illness is affected by a wide range of variables, our actions must reflect this. This needs to prioritise action focussed on prevention and reducing health inequalities; and includes involving the widest range of partners possible.

Improving the mental health and wellbeing of the whole population will:

- equip people with the social and emotional skills to manage their lives, to have a sense of meaning and purpose, to develop and maintain good relationships and to be able to cope with life's challenges: The existing social prescribing model will be in a position to provide support and guidance as well as sing posting to services to ensure that people have access to the right tools and techniques to support themselves,

- create healthy, inclusive and pro-social places and communities, safe and pleasant physical environments and healthy organisations and settings. The ATB

Neighbourhood Programme as well as the Community Mental Health Transformation Programme will support this aspiration working with a wealth of organisations and sectors with the recognition that social economic factors are intrinsically linked.

- tackle socioeconomic and environmental factors such as poverty, financial insecurity, discrimination, access to education, employment, transport, housing and support for the most vulnerable people. As above, the ATB Neighbourhood Programme as well as the Community Mental Health Transformation Programme will support this aspiration. Within the transformation element there is specific focus on Individual Placement Support which support patients with Serious Mental Illness back into employment. Social Prescribing will also play an important role in this aspiration.

- increase individual and community resilience: Social Prescribers are embedded within Primary Care Networks to empower people to take control of their health and wellbeing by giving time to focus on 'what matters to me' and building trusting relationships with people to create a shared personalised care and support plan, connecting them to local, diverse and culturally appropriate community groups, VCSE organisations and services.

- improve physical health through reducing the likelihood of developing a range of chronic illnesses: The Community Mental Health Transformation Project will seek to increase the number of annual health checks undertaken for patients with a Serious Mental Illness. CMHT is working to align mental health services to the emerging neighbourhood model and physical health care asset. Additionally, the local Talking Therapies service is able to support patients with physical Long Term Conditions to help manage their condition.

- make workplaces more productive with reduced absenteeism and presenteeism: The Health and Workplace Alliance will assist workplaces across the city in supporting their internal processes and provide education and guidance to support workplace in promoting, maintaining and improving mental health and wellbeing.

- Improve access to psychological interventions for people presenting with co-cooccurring mental health and substance misuse issues (Dual Diagnosis). Wear recovery will work alongside mental health providers (CNTW) to ensure service users identified as having dual diagnosis issues, have access to a range of psychological and pharmacological interventions.

In December 2020 the Sunderland Health and Wellbeing Board agreed to sign up to the national Prevention Concordat for Better Mental Health for All considering the effects of COVID-19, a greater focus on reducing health inequalities and improved usability. The consensus statement describes the shared commitment of organisations to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health. The Board agreed that:

- To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental health system, and

into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help using upstream interventions.

- There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at a local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality. One of the key principles of the Community Mental Health Transformation Programme is a strong emphasis on co-production. To support the transformation programme, representation from a whole host of organisations is captured and as the project moves more into the transformational elements, experts by experience and lived experience will be included to ensure that the services we are shaping reflect the needs and requirements of service users.

- We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.

- We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.

- We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the [Public Mental Health Leadership and Workforce Development Framework Call to Action](#).

- We will adopt a Prevention Concordat/action plan for Better Mental Health and ensure that this addressed early help.

- We will support the local authority, policy makers, NHS clinical commissioning group/ICS, service providers, employers, Higher Education, and the voluntary and community sector to adopt this concordat and its approach.

Unmet Needs and Gaps for future service improvement.

This need assessments aims to address the gaps short to medium term (1-3 years) ensuring mental health prevention and intervention for Sunderland residents is responsive, proactive and addresses the widening inequalities which the city experiences.

They include:

- Support existing joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at a local level using a Mental Health Concordat arrangement.

- Stronger support to reduce Suicide prevalence and added investment for Suicide prevention work ensuring it is linked to city wide partnership led by the Local Authority and NHS partners

- Build on the NICE published guidelines on community engagement to improve health and wellbeing and reduce health inequalities by embedding ethnographic coproduction and collaboration of commissioning intentions, service design and evaluation with residents, patients, employers, VCS Alliance, protected characteristic groups including young people transcending to adult services. This should be reviewed every 3 years to ensure commissioned services are addressing expressed need.

- Grassroot investment to enhance social capital within the areas of high need including those categorised within protected characteristic groups. Work with community organisations to gain insights, identify project priorities and invest using an asset-based commissioning approach. This approach will support target groups to strengthen their emotional resilience, sense of belonging and address the presence of burden enhancing well-being and quality of life including embed cultural competency with service provision .

- Support the Sunderland Building Capacity offer led by Public Health to ensure there are commissioned training opportunities made available to Workplaces, Residents, Children and Young people services. The offer should include:

   Workplaces
- Mental Health for Managers
- Mental Health First Aid
- Introduction to Mental Health
- MECC
- A Life Worth Living

   Residents
- Emotional Resilience
- Managing Anxiety and Stress
- Managing financial challenges

   Children and Young people services
- Addressing Mental Health challenges experienced by children and young people
- Mental Health First Aid training for teachers
- Young Health Champions training
- Mindfulness and Emotional Resilience support

- Adult Mental Health and Children's Mental Health infrastructures are very different regionally and locally. These differences are realised and can be challenging particularly in relation to key life course transition points such as peri natal mental health and the transition from children to adult services. It is important that any training, resources and opportunities provided across the system is accessible to a range of services and providers who work with children, young people and families whilst strong collaboration is maximised between adult and children's mental health leaders.

- Mental Health Promotion to address wider determinants of health and strengthen

coping strategies using visual and online aids with a focus on the greatest areas, communities of need. A proportionate universalism approach is required.

- Access and waiting times need to respond to the increasing demand especially as the result of the pandemic, ensuring patients have access to help as soon as it's required. A process mapping exercise to take place of existing access and waiting time pathways and reform to be introduced with clear measures to measure improvement.

- Explore new approaches to ensure services wrap around people and are proactive with them and support patients to become actively involved in their care plans and encourage shared decision making

- Support patients in seeking alternative therapies to improve and manage their condition in an attempt to reduce the prescribing and increase the de-prescribing of pharmacological solutions.

- Encourage patients with a Serious Mental Illness to receive a full and comprehensive Annual Health Check to ensure that any physical conditions which could be exacerbated as a result from the mental wellbeing can be picked up and addressed to improve physical health.

- Provide stronger response to the mental health needs of higher education students specifically international students by exploring cultural needs, HE intelligence and wellbeing offer, Pathway within and outside of educational establishments and exit strategies upon graduation.

7) Key contacts

Yusuf Meah
Public Health Practitioner (Public Mental Health Lead)
Sunderland City Council
Yusuf.meah@sunderland.gov.uk

Helen Steadman
Head of Strategy, Planning and Reform
Sunderland CCG
Email: helensteadman@nhs.net

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