Live It Well

Help and support

Mental Health Matters
helpline 0800 107 0160
5pm to 9am Mon - Fri
24 hours weekends and
bank holidays

Samaritans 08457 90 90 90
www.liveitwell.org.uk
www.signpostuk.org
www.bigwhitewall.com

NHS Medway
NHS West Kent
NHS Eastern and Coastal Kent
Medway
Kent County Council

live it well

NHS

Live It Well

The strategy for improving the mental health and wellbeing of people in Kent and Medway 2010-2015

What do mental health service users and carers in Kent and Medway want?

Services which:

Sources include:

Canterbury and District Mental Health Forum August 2009

NHS West Kent Listening Exercise 2008

Four specific workshops to develop the vision for Live It Well, held across Kent and Medway in June 2009

Responses to the draft of Live It Well, spring 2010

Live It Well

This is a summary of the Live It Well strategy, which sets out plans for improving the mental health and wellbeing of people in Kent and Medway, and for making sure the right care is there when people need it. [1]

It was developed by the mental health commissioners [2] for Kent and Medway, who are responsible for planning and purchasing services for adults with mental health needs.

Hundreds of people, including service users, carers, mental health professionals, GPs, voluntary organisations, and members of the public, contributed to the strategy.

This summary is for everyone with an interest in mental health. It includes the major points of the strategy, but not all the detail. See page 29 for information about how to obtain the full strategy.

[1] There are separate strategies for dementia, child and adolescent mental health, and drug and alcohol services, so these are not covered here.

[2] Mental health services in Kent and Medway are commissioned by the NHS and local authorities working together. At November 2010, that means the three primary care trusts, NHS Medway, NHS Eastern and Coastal Kent and NHS West Kent, with Kent County Council and Medway Council. From April 2013 primary care trust functions will be taken on by GP commissioning consortia, the National Commissioning Board, and local authorities.

Our local context

In Kent and Medway in any one time, there around:

- 163,000-190,000 people with common mental health problems, such as anxiety and depression
- 60,000 people with severe mental illness, such as severe depression or post traumatic stress disorder
- 12,000 people with severe mental illness and longer-term needs, such as schizophrenia and bipolar disorder

(Source: Kent and Medway Joint Strategic Needs Assessment for Mental Health, April 2009)

The majority of people with mental health needs in Kent and Medway are looked after by their GP in primary care. Some people need more intensive support. Most of these services are provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT). Other services are provided by independent providers, voluntary organisations and others.

One in four of us will have a mental health problem at some time in our lives

People are more vulnerable to common mental health problems if they are in debt, on a low income, unemployed, in poor housing, in poor physical health, or isolated.

A healthy lifestyle - exercise, eating healthily, drinking sensibly, not misusing drugs - having a job and having networks of friends, neighbours, and colleagues, can all help towards mental wellbeing.

Staying well

Research has identified five ways to wellbeing. These are things we can all do, which will help us to feel better and function well.

They are based on evidence from more than 400 scientists from around the world, whose work was reviewed for the Foresight Mental Capital and Wellbeing Project, 2008.

As well as helping us feel better generally, there is evidence that some of the five ways to wellbeing can also protect against poor mental health.

See overleaf for more details.
A report on the evidence for the five ways to wellbeing is available at www.neweconomics.org/publications/five-ways-well-being-evidence

Five ways to wellbeing

1 Connect – with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

2 Be active – go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Discover an activity you enjoy and that suits your level of fitness.

3 Take notice – be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Reflecting on your experiences will help you appreciate what matters to you.

4 Keep learning – try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Learning new things will make you feel more confident as well as being fun.

5 Give - do something nice for someone. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Putting the five ways to wellbeing into action

See **www.signpostuk.org** for lots of local information, contacts and ideas for doing the five ways to wellbeing in Kent and Medway.
Other useful websites are **www.kent.gov.uk**, **www.medway.gov.uk**, all the district council websites in Kent, and www.liveitwell.org.uk

Vision – making mental health everybody's business

There is no health without mental health.

With our partners, we will make mental health everybody's business, addressing the diverse needs of people living in Kent and Medway.

We will promote good mental health and wellbeing in the community, reduce the number of people who get common mental health problems, and lessen the stigma and discrimination associated with mental ill-health.

We will ensure that prevention is targeted at those at higher risk but also that the right services are there when people need them.

Services will be personalised, will involve service users and their families in equal partnership, will aid recovery and will help people to reintegrate into their communities. They will promote the best care and promote accessible, supportive and empowering relationships.

Wherever possible, services will be community-based and close to where people live.

Our ten commitments

Public services, the voluntary sector, and the independent sector will work together to improve mental health and wellbeing.

We will lessen the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services.

We will reduce the occurrence and severity of common mental health problems by improving wellbeing for more people at higher risk.

We will improve the life expectancy and the physical health of those with severe mental illness, and improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities.

We will reduce the number of suicides.

We will ensure that all people with a significant mental health concern, or their carers, can access a local crisis response service at any time and an urgent response within 24 hours.

We will ensure that all people using services are offered a service personal to them, giving them more choice and control.

We will deliver better recovery outcomes for more people using services with care at home as the norm.

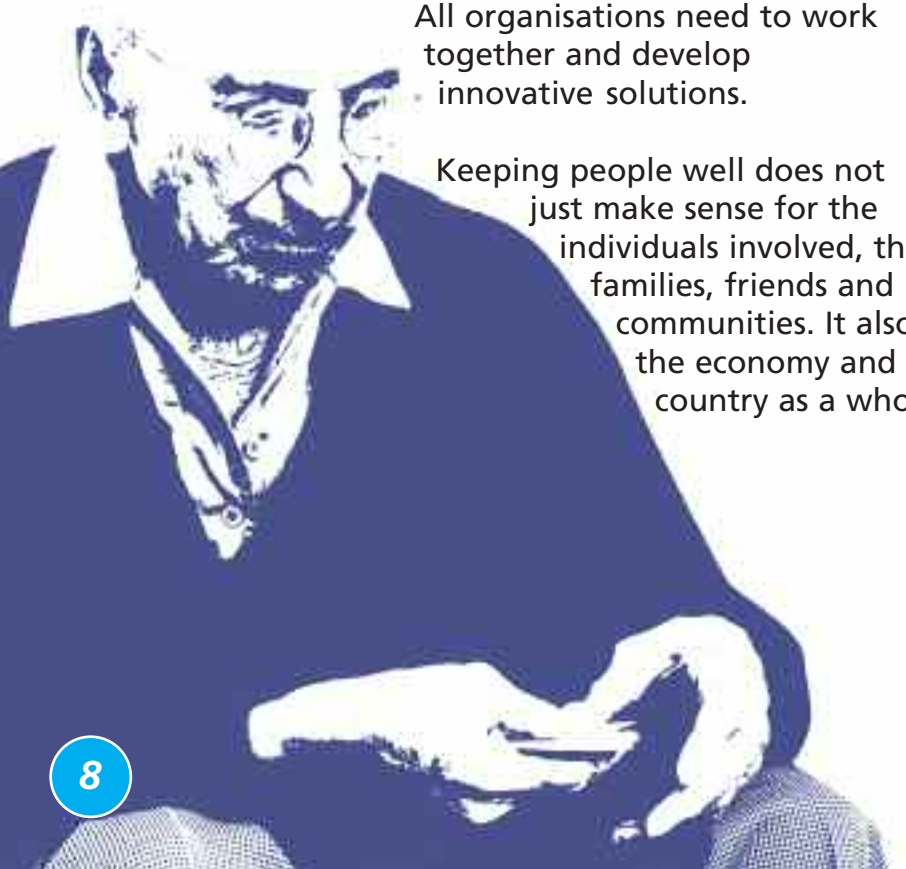
We will ensure that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) are receiving an effective service.

We will deliver more effective mental health services for offenders and those anywhere in the criminal justice system.

Our commitments and actions

Commitment 1: Public services, the voluntary sector, and the independent sector will work together to improve mental health and wellbeing.

The factors that make people vulnerable – such as deprivation, unemployment, isolation – cannot be dealt with by any one organisation, or in just one way.



All organisations need to work together and develop innovative solutions.

Keeping people well does not just make sense for the individuals involved, their families, friends and communities. It also helps the economy and the country as a whole.

What we will do or initiate as a priority in 2010-11:

- Ensure the importance of improving mental health and wellbeing, and of all agencies working together to achieve it, are widely accepted, achieving improvements to, for instance, employment and housing services for people with mental health needs

And, over the next five years, we will:

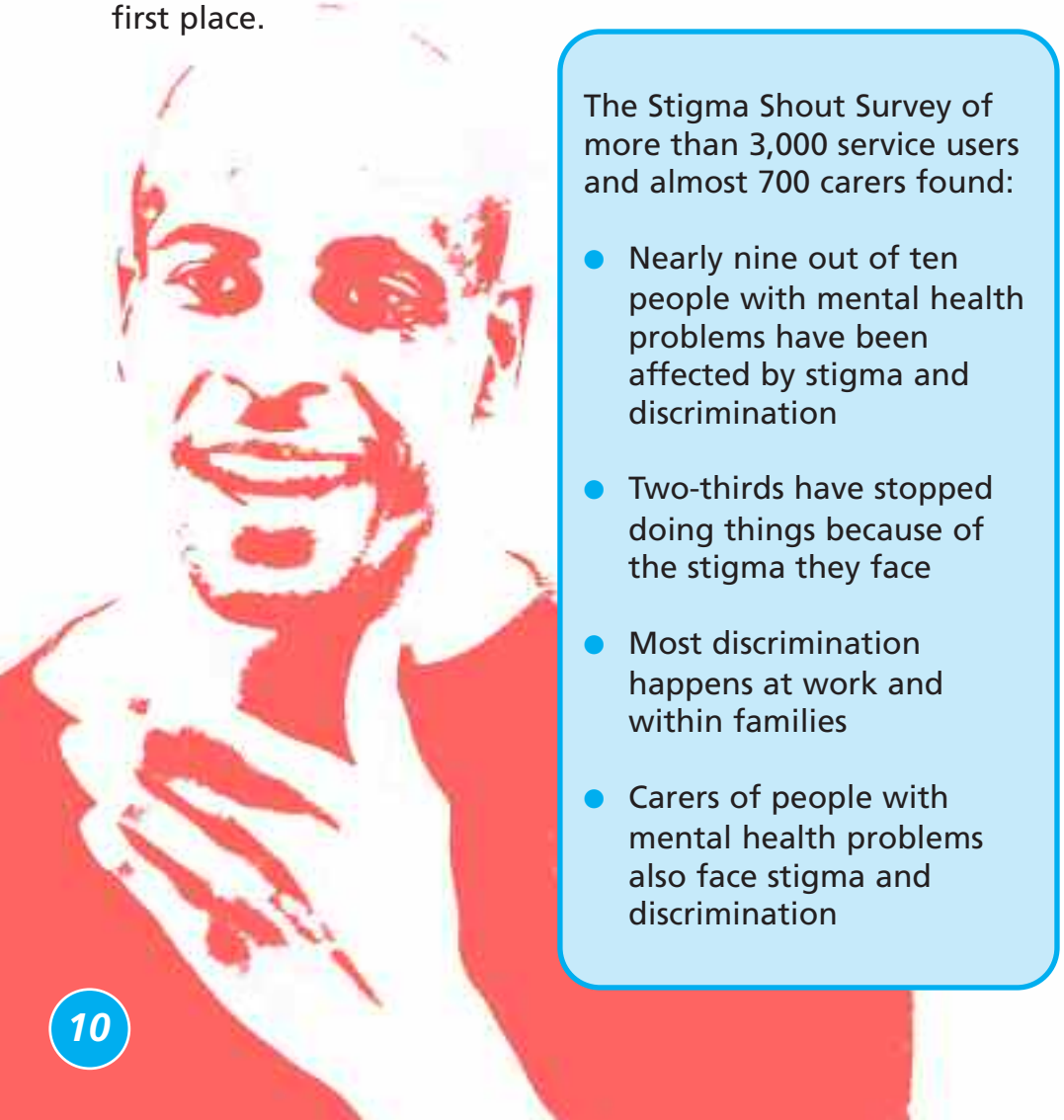
- Make it much easier for people to find out about support for mental health and wellbeing
- Support and encourage innovative partnerships and plans to improve people's mental health and wellbeing
- Develop better ways of involving users and carers so they are part of these shared plans

Measure of success (key performance indicator)

- At least three strategic schemes or campaigns, which require significant collaboration between all stakeholders, put in place by 2015

Commitment 2: We will lessen the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services

Stigma is an unnecessary burden carried by mental health service users. It also deters people from seeking help in the first place.



The Stigma Shout Survey of more than 3,000 service users and almost 700 carers found:

- Nearly nine out of ten people with mental health problems have been affected by stigma and discrimination
- Two-thirds have stopped doing things because of the stigma they face
- Most discrimination happens at work and within families
- Carers of people with mental health problems also face stigma and discrimination

What we will do or initiate as a priority in 2010-11:

- Encourage employers, including the NHS and local authorities, to pay at least as much attention to mental health discrimination as any other form
- Ensure more mental health services are provided in places that everyone uses, such as community centres
- Change signage for services so people are not labelled as mental health patients

And, over the next five years, we will:

- Through positive communication and community development work, combat discrimination against people with mental health issues
- Offer small and medium size enterprises advice on better access to occupational health services
- Encourage employers to develop holistic wellbeing strategies, with a sensible mind-body balance, and holistic occupational health responses

Measure of success

- More employers in Kent and Medway sign up to the Mindful Employer initiative and more organisations pledge to Time to Change

Commitment 3: We will reduce the occurrence and severity of common mental health problems by improving wellbeing for more people at higher risk

Some groups and communities are more vulnerable to common mental health problems than others.

For instance, people who have recently lost their jobs, people caring for someone with a disability or health condition, and new mothers, are among those who may be at higher risk.

What we will do or initiate as a priority in 2010-11:

- Commission more initiatives to help 'at risk' people build their emotional resilience including non-medical alternatives to medication, and psychological wellbeing programmes
- Increase uptake of psychological therapies, and encourage people to use helplines and websites that offer support

And, over the next five years, we will:

- Develop wider use of computerised cognitive behavioural therapy (cCBT)
- Encourage present and past service users to tell their stories and give support to others
- Publicise the five ways to wellbeing (see page 4-5) including for people whose first language is not English
- Continue to develop early intervention services

Measures of success

- More people have psychological therapies, including people from black and minority ethnic communities
- More people achieve measurable improvement in their mental wellbeing as a result
- More GP practices assess the severity of depression in patients with a new diagnosis
- More people call Mental Health Matters helpline or have emotional resilience training

Commitment 4: We will improve the life expectancy and the physical health of those with severe mental illness, and improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities

Severe mental health problems affect people's life expectancy. For instance, people with schizophrenia live on average for 10 to 12 years less than people without the condition, largely because of increased physical health problems.

What we will do or initiate as a priority in 2010-11:

- Publicise the risks to physical health faced by people with severe mental health problems, and the support available
- Ensure organisations which provide mental health services assess the physical health of inpatients and service users in high risk groups, liaising with their GPs as appropriate
- Improve access to mental health services in Accident and Emergency departments and inpatient wards at all district general hospitals in Kent and Medway
- We will work with each primary care trust to:
  - Support GP practices to give better care to people with severe mental health needs
  - Support GPs to get better at recognising mental health needs in people with long-term physical conditions

And, over the next five years, we will:

- Ensure that specialist services for patients with long-term conditions and cancer can identify common mental health problems and refer people to the right services
- Give people with long-term mental health problems access to information so they can better manage their own care

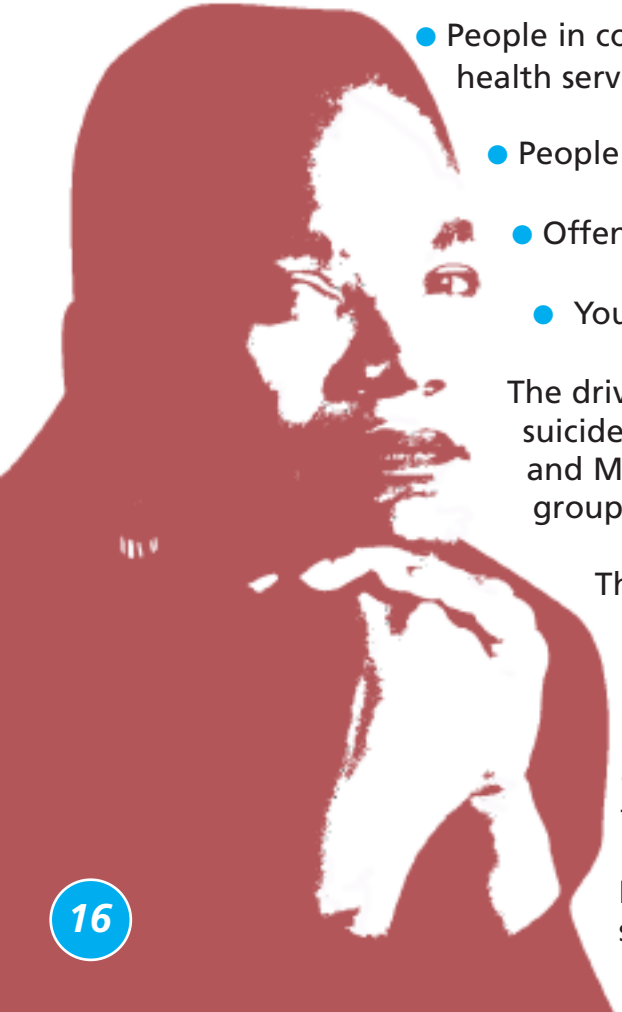
Measures of success

- More people with mental health problems have assessments of their physical health
- More people are supported by liaison psychiatry services
- More people with a long-term condition get psychological support

Commitment 5: We will reduce the number of suicides

About 130 people commit suicide each year in Kent and Medway. Most are men aged between 30 and 60. The majority - between 65 and 75 per cent - have not been in contact with mental health services. National research shows that many suicides are preventable.

Known key high-risk groups include:



- People in contact with mental health services
- People who self-harm
- Offenders in prison
- Young/middle-aged men

The drive to reduce local suicides is being led by a Kent and Medway suicide prevention group, formed in November 2009.

This includes representatives from primary care trusts, hospital trusts, the mental health trust for Kent and Medway, local authorities, drug and alcohol action teams, Canterbury Christ Church University, Kent Police and the voluntary sector.

What we will do or initiate as a priority in 2010-11:

- Support the work of the suicide prevention group and, in particular:
  - Work with GPs and other professionals to improve identification, management and referral of people at risk
  - Publicise services which support mental health and wellbeing, including services that people can refer themselves to
  - Work with hospital trusts to ensure proper management and referral of people who self-harm
  - Ensure local journalists are aware of national guidance on reducing the risk of copycat suicide attempts

And, over the next five years, we will:

- With Kent Police and other agencies, ensure appropriate management of suicide hotspots, such as putting up the phone number for the Samaritans
- Develop services targeted at middle-aged men to help prevent suicide

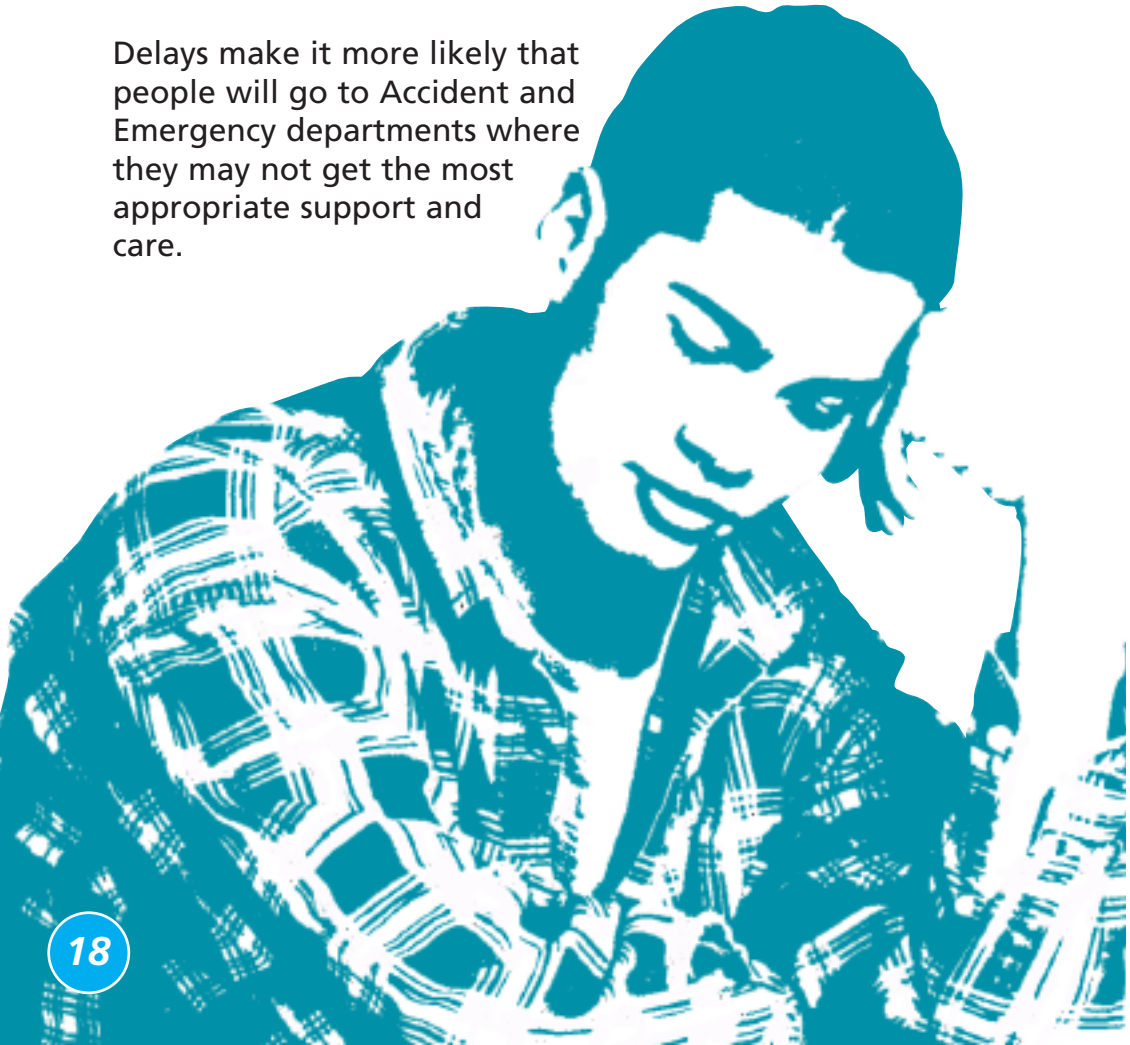
Measure of success

- The suicide rate in Kent and Medway is reduced

Commitment 6: We will ensure that all people with a significant mental health concern, or their carers, can access a local crisis response service at any time and an urgent response within 24 hours

Delays experienced by people with critical or urgent mental health needs cause them and their carers unacceptable additional stress and anxiety.

Delays make it more likely that people will go to Accident and Emergency departments where they may not get the most appropriate support and care.



What we will do or initiate as a priority in 2010-11:

- Ensure that service users, their carers, and their GPs, know who to call in a crisis, at any time
- Specifically improve the emergency arrangements for people who are brought into care by the police under Section 136 of the Mental Health Act
- Publicise the out of hours helpline, Mental Health Matters, for people in a crisis
- Make face to face urgent care available locally, including in people's homes

And, over the next five years, we will:

- Ensure that response times to crises are consistent across Kent and Medway and meet a minimum acceptable standard, and that staff have written protocols to help them minimise risks in a crisis
- Develop liaison psychiatry services to provide an immediate point of contact for people with mental health problems at all acute general hospitals in Kent and Medway
- Improve transition for young people moving from Child and Adolescent Mental Health Services (CAMHS) to mental health adult services
- Support out of hours GP services to provide high quality care to people in mental health crisis

Measure of success

- More service users directly access a crisis service, meaning that fewer people go to A&E in crisis
- Fewer people in recovery have major breakdowns

Commitment 7: We will ensure that all people using services are offered a service personal to them, giving them more choice and control

Individuals need to be at the heart of the care they receive.

When people have more control over their support, it helps them to recover.

What we will do or initiate as a priority in 2010-11:

- Make it easier for people to get services they choose by providing independent advisors to support them (brokerage) and developing initiatives to help them use a wider range of services
- Ask patients about their experience of mental health services, and whether they feel they are consulted or given a choice
- Ensure that all people with severe mental health problems are given the opportunity when they are well to express their wishes about their care

And, over the next five years, we will:

- Ensure that more service users can take the lead in their assessments and choosing their care
- Continue to ensure that mental health services make reasonable adjustments for people with any kind of disabilities
- Wherever possible, give inpatients with mental health needs access to the same services and opportunities as service users in the community, e.g. WiFi connections, exercise sessions
- Enable people to choose where in Kent and Medway they go for their community mental health services

Measure of success

- More people using mental health services have personal budgets to buy their care

Commitment 8: We will deliver better recovery outcomes for more people using services, with care at home as the norm

Outcomes for people with severe mental health problems improve when care supports people's fundamental human need for control over their own lives, builds their confidence, offers choice, and supports them to build relationships with other people.

What we will do or initiate as a priority in 2010-11:

- Focus services on recovery so that people are supported, through care planning, to set goals, measure progress, build on their strengths, engage their support network, and keep or find a job
- Support GP practices to take back the management of appropriate patients from secondary care services

And, over the next five years, we will:

- Improve care planning support, particularly for people being discharged from hospital and review the need for training and skills of key professionals who support them
- Ensure that, whenever possible, care at home is the norm
- Monitor prescribing to ensure people receive the medication which is most beneficial to them

Measures of success

- GP practices take over the care of more patients
- Fewer people are readmitted to hospital three years or less after discharge
- More people receiving mental health care are in jobs and in settled accommodation
- More carers get an assessment or review of their needs or other support

Commitment 9: We will ensure that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) are receiving an effective service

Many people who attend drug and alcohol services have mental health problems, and many of those with mental health problems also have drug and/or alcohol problems.

In the past, there has been little integration between these services.

Drug and alcohol misuse is a problem for:

- Between 30 per cent and 50 per cent of people with severe mental health problems
- Between 20 per cent and 45 per cent of inpatients in acute psychiatric wards
- Between 60 per cent and 80 per cent of patients in high secure psychiatric units

What we will do or initiate as a priority in 2010-11:

- Identify more people with both mental health and drug/alcohol problems, in partnership with the police, probation, health providers, and social care
- Ensure that everyone with dual diagnosis, including people with more complex needs, get the right support from both mental health and drug and alcohol services, and agree how services will work together

And, over the next five years, we will:

- Require services to do more to prevent and reduce substance misuse among people with mental health problems
- Ensure staff in mental health services and drug and alcohol services and trained to identify dual diagnosis patients, are deliver care to national standards
- Integrate existing support (Drug Intervention Programmes and Police Custody Suite Diversion Schemes) to achieve better outcomes for people with dual diagnosis in the criminal justice system
- Ensure that dual diagnosis patients can access talking therapies, such as face to face and telephone counselling
- Ensure that those with drug and/or alcohol problems and complex mental health problems receive an assertive service* if needed

Measures of success

- More people with dual diagnosis are identified, and more of them receive integrated care
- Fewer patients go to A&E for alcohol-related incidents
- Increased number of secure tenancies for dual diagnosis patients

**Assertive outreach staff locate and engage those people with complex and serious mental problems whom mainstream mental health services have found hard to engage*

Commitment 10: We will deliver more effective mental health services for offenders and those anywhere in the criminal justice system

There are nine adult prisons across Kent and Medway holding more than 5,000 prisoners at any one time. Rochester has the only young offenders' institute in the county.

In 2007, a mental health needs assessment found significantly higher rates of mental illness among people in prison in Kent and Medway than in the community. Suicide rates are higher among offenders in prison than other people.

One initiative in Kent and Medway which helps to keep people with mental health problems and/or learning disabilities out of custody, if appropriate, is the police custody suite diversion scheme. Under this scheme, psychiatric nurses are based at the main police stations and carry out mental health assessments of alleged offenders on request from the police.

What we will do or initiate as a priority in 2010-11:

- Continue to develop safe, high-quality mental health services for all those in the criminal justice system who need them
- Improve access to mental health services for offenders living in the community
- Improve arrangements for psychiatric court reports to prevent people being remanded into custody while a psychiatric report is prepared

And, over the next five years, we will:

- Investigate commissioning a court diversion mental health service
- Encourage innovation by providers by offering financial incentives.
- Make assertive outreach* available to people who are or have been in the criminal justice system

Measures of success

- More mentally ill people are diverted away from custody, where appropriate
- Fewer people in prison need secondary mental health services
- Fewer people are transferred to hospital from prison under the Mental Health Act
- Fewer people with mental illness re-offend
- Fewer people commit suicide in prison

**Assertive outreach staff locate and engage those people with complex and serious mental problems whom mainstream mental health services have found hard to engage*

How will we monitor progress on this strategy?

This strategy sets the direction and approach for mental health commissioning in Kent and Medway for the next five years. It will be used as the basis for the objectives and action plans of all locality and specialist commissioners.

Progress will be monitored against the measures of success set out in this document, feedback from people who use services and their carers, and key quality targets included in contracts.

It will be reported through existing arrangements and, in addition, we will formally report progress to the three primary care trust boards and to the two local authorities.

The full strategy
If you would like to see the full strategy, it is available at

www.medwaypct.nhs.uk
www.easternandcoastalkent.nhs.uk
www.westkentpct.nhs.uk
www.kent.gov.uk
www.medway.gov.uk

If you do not have internet access you can get a copy from:

Claire Martin
NHS Medway
Fifty Pembroke Court
Chatham Maritime
Chatham
Kent ME4 4EL

If you would like this summary in large print, a different language or format such as CD, or to comment on the strategy please contact the NHS Medway communications team on 01634 335210 or email: itsyournhsmedway@nhs.net

Please note organisational change will affect these contact details during the lifetime of this strategy.

Want to get involved?

People who use services and carers are the real experts on mental health services.

If you would like to get involved in influencing services in your area, why not attend your Locality Planning and Monitoring Group (LPMG) for mental health?

These are groups which bring together service users, carers, voluntary organisations, community mental health services, commissioning managers and others.

At meetings every two months, they look at issues such as the effectiveness of existing services, plans for the future, gaps in local services, and good communication.

Their views are passed on to the Joint Commissioning Board (JCB) for mental health for their area. There is one joint commissioning board in Medway, one in West Kent, and one in Eastern and Coastal Kent. Their role is to take commissioning decisions.

To find out more about your local LPMG, see **www.liveitwell.org.uk/local-blogs**

Your experience of services

People providing services want to know what you think – good or bad – so they can improve.

If you have a complaint or a compliment about the service you have received, the best thing is to speak to the service direct.

Patient Advice and Liaison Services (PALS)

PALS are NHS services offering support, advice and guidance about medical and health-related issues.

Kent and Medway NHS and Social Care Partnership Trust (KMPT) PALS: For West Kent and Medway **0800 587 6757**
For East Kent **0800 783 9972**
pals@kmpt.nhs.uk

Alternatively, PALS at the primary care trusts are:
*NHS Eastern and Coastal Kent PALS: **0800 0 856 606**
eck-pals@nhs.net

*NHS Medway PALS: **0800 014 1641**
pals@medwaypct.nhs.uk

*NHS West Kent customer helpline: **0800 0 850 850**
customerservices@wkpct.nhs.uk

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