

***Mental Health***

The World Health Organization constitution states that: "Mental Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity." In this respect, everyone has mental health needs whether or not they have a diagnosis of a mental health problem. Mental illness can have major impact on the individual, their families, society and the economy, and therefore is central to each of the seven population outcomes that have been identified in the *Integrated Partnership Strategy*.

In recent years there has been a change of culture within mental health services. There is a greater emphasis on recovery focused services that are strengths-based and tailored to the needs and aspirations of the individual. This should result in people having improved skills for managing their own mental well being and reducing the numbers of people requiring continued support from services, therefore maximising the population's ability to live fulfilled lives as independently as possible. If adopted successfully, the concept of recovery will transform mental health services and unlock the potential of those affected by mental illness.

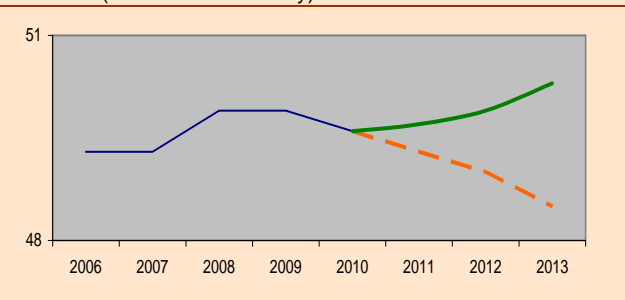
The provision of environments and services which encourage people to be emotionally and mentally healthy are essential in tackling the detrimental effects of factors such as poverty, unemployment, stress, lifestyle choices and social isolation and stigma. This can be achieved by providing help and support within local communities, and shifting the focus of mental health services from hospital into the community. In order to achieve a population which is mentally healthy, organisations will aim to promote positive mental health, prevent mental illness, target social inclusion, and assist the recovery of those with a diagnosed mental illness. Particular emphasis needs to be placed on challenging any negative attitudes and perceptions of mental illness through education.

Wales has a population which is living longer, leading to a forecasted increase in the numbers of individuals diagnosed with a dementia. Services need to positively and creatively respond to this trend, providing individuals with choice, and assisting to maintain their independence for as long as they are able.

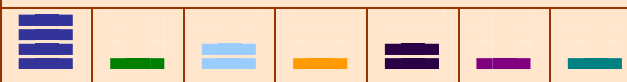
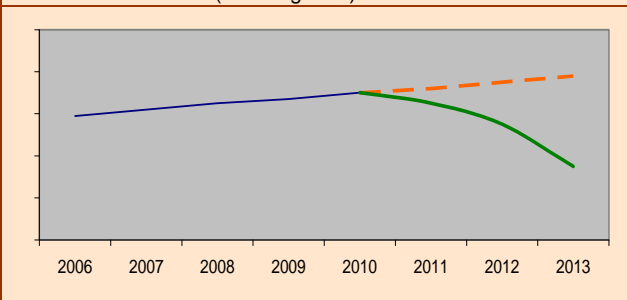
Primary Care Services (support normally delivered within a persons own General Practitioner surgery or by local voluntary sector), are vital in achieving the goal of recovery focused mental health services. Specialist mental health services will be working to support primary care services to prevent admissions to secondary care services (support normally provided by Community Mental Health Teams or inpatient hospital services), and to enable individuals to live a fulfilling life in the community.

### Headline Indicators and how are we doing?

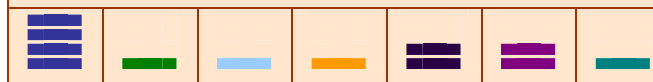
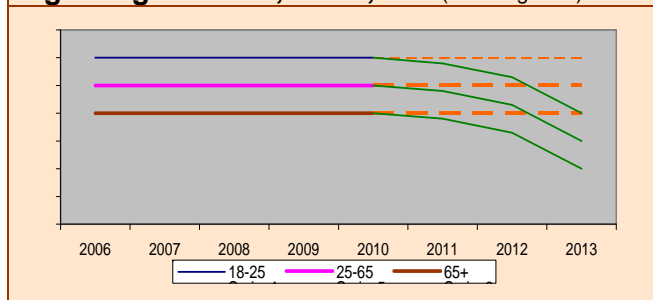
#### 1. Life satisfaction using MH Component Score (Welsh Health Survey)



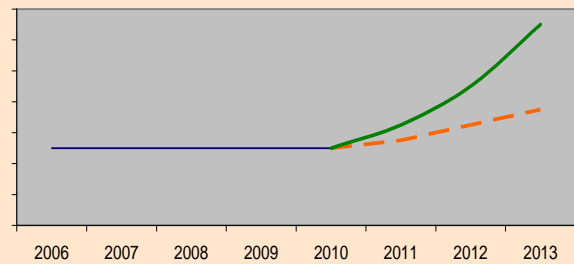
#### 2. Number of people referred to Secondary Care services (Awaiting data)



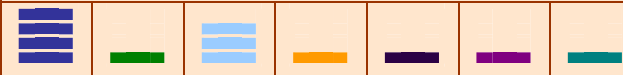
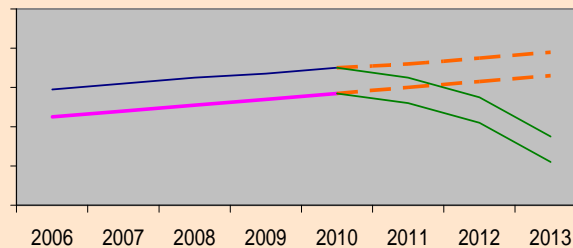
#### 3. Suicide rate: Age ranges: 18-25, 25-65, 65+ (Awaiting data)



**4. % of people leaving secondary care mental health services after successful completion of care plan** (Awaiting data)



**5. Crisis Admissions – adult and older people** (Awaiting data)



**Data Development:**

- % of people who have developed skills to self-manage their mental health and well being
- Evaluation of public attitude to mental health / mental illness
- Evaluation of the throughput and positive results for people who have accessed voluntary sector organisations

**Key:**

— — — The route we will take if we do nothing — The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

Healthy	Environment	Safe	Thriving & Prosperous	Full Potential	Live, Work & Play	Fair, Just, & Inclusive
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**Story behind the baselines**

- Services will be redesigned to adopt a recovery focused approach and workers trained to support people to achieve a better quality of life.
- The recent global recession has had a major impact on employment and poverty levels, both of which are factors known to have an affect on people's mental well being. It is anticipated that this will impact on life satisfaction and that there will be an increase in people requiring support for these needs which increase demand on services during a time of financial constraint in the public sector.
- Historically there has been an over-reliance on secondary care services which has created an inappropriate level of dependence and institutionalisation. In recent years work has focused on reducing this imbalance, with a subsequent increase in numbers receiving primary care services and home treatment. Work will need to continue to move people back to primary care services and to ensure that those who remain in secondary care services are those who really need it. Once this is achieved, further improvements can be made to ensure the length of stay for people in secondary care services is also appropriate.
- The provision of community based voluntary sector interventions is vital to the reduction of secondary care admissions. These are both mental health specific organisations but also generic services such as those relating to housing and benefits etc. because issues such as homelessness and debt are crucial determinants of mental health.
- There will be a dramatic increase in the number of people diagnosed with dementia because Wales has a population which is living longer.
- Evidence shows that mental health problems are more prevalent in black and minority ethnic communities (BME), especially within the asylum seeker and refugee population (more detail available in the Asylum Seeker & Refugee section). Services are not always available to respond to this and the differing needs that may be present when addressing mental well being in these communities.
- The number of referrals to secondary care can be reduced by providing effective interventions at the primary care stage. However, this decrease may

also be caused by appropriate referrals not being made or by the public not accessing primary care for their mental health issues when in fact they should. Cardiff has a high level of GP referrals and prescribing for mental health issues, and by improving the public's awareness of mental health issues, it is anticipated that there will continue to be an increase in numbers going to their GP. These factors must be considered within the action plan to ensure the delivery of high quality primary care services while making sure those who do need secondary care services are identified.

- Media campaigns aimed at reducing discrimination have produced an improvement in public perceptions but the prevalence of negative attitudes to mental illness remain relatively high. Now that organisations are looking to increase use of community based services, it is even more vital that these attitudes are addressed.
- It is important to highlight the suicide rate for different age ranges because the factors that cause people to take their own life vary greatly.

#### Partners with a role to play

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|--|--------------------------------------|---------------------------------|---|
| • NHS  | ○ Schools & Lifelong Learning        | • Further education             | • Media                                 |
| • Third Sector                                   | ○ Leisure & Play                     | • Substance misuse services     | • Criminal Justice Services             |
| • Service users                                  | ○ Housing & Neighbourhood<br>Renewal | • Commercial employers          | • Cardiff Health Alliance               |
| • Carers   | ○ Children's Services                | • Private sector                | • Community Safety Partnership          |
| • Cardiff Council including:<br>○ Adult Services | • BME community leaders              | • Department of Work & Pensions | • Children & Young People's Partnership |

#### What are we going to do?

- Increase diversity and quality of early interventions at the primary care level including exercise referrals; books on prescription; stress management.
- Health promotion including physical activity; Physical & Social Education in schools; healthy eating initiatives.
- Focus on maintaining relevant meaningful activities and social/friendship networks within a family support structure (if there) – all through a multi-agency approach, particularly voluntary agencies for activity/exercise.
- Refocus mental health services from institutional hospital settings into the community, including improved access to Primary Mental Health Services.
- Enable people to manage their own mental well being, starting by promoting self management strategies in childhood.
- Support with vocational needs of all individuals.
- Further promotion of the benefits of obtaining Mindful Employer Status.
- Targeting the needs of individuals from black and ethnic minority groups, including asylum seekers and refugees.
- Staff training in developing self-directed management and psychological therapies.
- Improve public awareness of mental health (e.g. mainstreaming Mental Health First Aid), targeting schools colleges, and youth organisations.
- A proactive and collaborative approach to reducing negative perceptions of mental illness in the media. Campaigns in other areas to reduce discrimination (e.g. race related) have seen greater improvements so lessons need to be learnt from these.
- Improve public awareness of services available to the public and identify mental health champions in communities
- Improve joint planning and the collaborative delivery of services across the sectors.
- Improve links with substance misuse services to tackle the need of those with dual diagnoses.
- Promotion of mental well being through workplace initiatives.