Adult mental health

# Summary

## Introduction

One in six adults in England has a common mental disorder at any one time. The proportion of people with a common mental disorder accessing mental health treatment has increased from one in four (24%) in 2007 to one in three (39%) people in 2014.[1]

People with mental illness are more likely to experience physical illness and have a lower life expectancy than people without mental illness.[2] It is estimated that people living with severe mental illness may die up to 20 years earlier than the general population.[3]

A wide range of variable factors can affect people’s mental wellbeing both positively and negatively throughout their lives, e.g. age, gender, housing tenure, employment status or life events.[4]

## Key issues and gaps

* The physical health and lifestyle of people with serious mental illness in Medway needs to be brought closer to that of people without serious mental illness.
* Professionals and service users report that support for those with co-occurring conditions (both substance misuse and mental health problems) could be improved through a more joined up approach and exploring opportunities for integrated service provision.
* Professionals who work with vulnerable homeless people report that it is challenging to identify ways for these individuals to receive mental health assessments. Outreach mental health provision would help to address this gap, as professionals could undertake mental health assessments for homeless people in the community.
* Further work is needed to increase the proportion of people in mental health services who refer into the smoking cessation service.

## Recommendations for Commissioning

* Work to increase the uptake of physical health checks among those with severe mental illness should continue, including an audit of this area to identify any areas for improvement.
* To address the concerns around access to mental health services and waiting times, work should be undertaken to ensure there is a clear pathway for mental health provision, including crisis support.
* Medway CCG will continue to review the Community Mental Health Team waiting times against KPIs through performance management processes and work with the provider to identify any areas for improvement.
* Public Health should continue to raise awareness of the smoking cessation service within mental health settings, increasing understanding of the referral process.
* It is recommended that partners in Medway continue to increase the capacity of frontline workers in health and social care to deliver brief mental wellbeing interventions through training such as Connect 5.

# Introduction

Being mentally healthy is not just about the absence of mental illness, but is a state of wellbeing where an individual can cope with the normal stresses of life, be productive, reach their potential and make a contribution to their community.[5] People with higher wellbeing are more likely to have better physical and mental health. [4] A wide range of variable factors can affect people’s mental wellbeing both positively and negatively throughout their lives, e.g. age, gender, housing tenure, employment status or life events.[4]

Common mental health disorders (CMDs) include depression, anxiety disorders, post-traumatic stress disorder, panic disorder, obsessive compulsive disorder and phobias.[6] Severe mental illness (SMI) is where mental health issues substantially interfere with daily living, and may involve psychosis (losing touch with reality) or require a high level of care which may include hospital treatment.[7] This can include conditions such as schizophrenia, bipolar disorder and personality disorders.

One in six adults in England has a common mental disorder at any one time. The proportion of people with a common mental disorder accessing mental health treatment has increased from one in four (24%) in 2007 to one in three (39%) people in 2014.[1]

People with mental illness are more likely to experience physical illness and have a lower life expectancy than people without mental illness.[2] People with long-term physical health conditions are also more likely to experience mental health conditions than those without health conditions. [8] It is estimated that people living with severe mental illness may die up to 20 years earlier than the general population.[3] There are multiple factors that lead to this inequality in life expectancy. High risk lifestyle behaviours, such as smoking and substance misuse, are often associated with the isolation and loneliness caused by living with a severe mental illness. This is also coupled with risks to physical health caused by medication, such as cardiac arrest and weight gain.[9]

Mental health problems impact individuals, families, communities and society as a whole.[4] The growing cost of mental health problems to the economy in England have been estimated at £105 billion and mental health treatment costs are expected to double in the next 20 years.[4]

Half of all lifetime mental health problems arise by the age of 14 and three quarters arise by the age of 24.[10] Further information on children and young peoples’ mental health can be found in the JSNA chapter on this topic: Children -> Emotional health and wellbeing of children and young people. There is also a separate JSNA chapter on social isolation, which is a risk factor for mental illness.

# Who is at risk and why

Mental illness can affect anyone, however a wide range of factors can affect people’s mental wellbeing both positively and negatively throughout their lives. Some of these are individual factors, such as age or genetics, and some are wider social, economic and environmental factors, such as unemployment, isolation, deprivation or exposure to crime. Below are some examples of the factors that may impact the mental health and wellbeing of residents in Medway.

## Factors that support mental health and wellbeing

Having access to green spaces, opportunities for regular physical activity and access to good education are all examples of wider determinants that can help support mental health and wellbeing.[11]

* Medway has over 200 parks and open spaces. From March 2015 to February 2016, the proportion of individuals using open spaces for exercise in Medway was 17.2%, which is similar to both the England (17.9%) and South East (18.2%) averages.[12]
* In 2017/18, the average Attainment 8 score for Medway was 45.3%, which is significantly lower compared to the England (46.7%) and South East (47.8%) averages.[13]

Further data for Medway about the protective factors that support good mental wellbeing can be found on Public Health England’s Fingertips tool.[11]

## Factors that increase the risk of poor mental health and wellbeing

Some factors can increase risk of poor mental health. Some examples include:

### Deprivation

Individuals living in higher levels of deprivation are more likely to experience mental health problems.[4][14]

In Medway, 20.3% of the population live in areas which are among the 20% most deprived nationally. This is significantly higher than the South East average (7.7%), but similar to the England average (20.2%).[15]

### Unemployment

Unemployment can increase the risk of mental illness, but mental illness can also increase risk of unemployment.[4][16]

* In 2017, unemployment in Medway was similar to the England and South East averages with 4.4% of people in Medway unemployed (compared to 4.4% nationally and 3.2% in the South East).[17]
* In 2017, the rate of people aged 16-64 years claiming job seekers allowance for more than twelve months in Medway was 4.9 per 1,000 population, which is significantly higher compared to England (3.5 per 1,000 population) and the South East (1.9 per 1,000 population).[18]
* In Medway, the gap in employment between those with and without a mental illness has recently increased from 65.8% in 2016/17 to 69.0% in 2017/18.[19]

Further data for Medway about risk factors for poor mental health and wellbeing can be found on Public Health England’s Fingertips tool.[20]

## Population groups at higher risk of poor mental health and wellbeing

There are a number of population groups that are at higher risk of developing mental health problems, including asylum seekers and refugees, black and minority ethnic groups, carers, offenders, looked after children, those with long-term physical illnesses, people with learning disabilities, lesbian, gay, bisexual and transgender adults, drug-users, and homeless people.[4][21]

In 2011, 2.53% of the population of Medway were reported to be unpaid carers.[22] Isolation is a risk factor for poor mental health[23] and in 2016/17 the percentage of adult carers in Medway who have as much social contact as they would like was 29.5%, which is similar compared to the South East region (33.2%), but lower than the England average (35.5%).[24]

# Level of need in the population

There are several sources for mental health and wellbeing prevalence.

## Self-reported wellbeing

The Annual Population Survey (APS) captures four self-reported measures of personal wellbeing: 1) life satisfaction; 2) worthwhile; 3) happiness; and 4) anxiety. Figure 1 shows the APS personal wellbeing data for Medway, the South East region, and England for 2017/18.[25]

* The proportion of people in Medway who report having low life satisfaction (4.9%) is similar to the South East region (3.9%) and England (4.4%).
* A similar proportion of people in Medway report not feeling the things they do in life are very worthwhile (4.4%) compared to the South East region (3.1%) and England (3.6%).
* The proportion of people in Medway with a low happiness score (10.0%) is similar to the England average (8.2%), but significantly higher than the South East region (7.6%).
* In Medway, the proportion of people reporting high levels of anxiety (21.8%) is similar to the South East region (20.4%) and England (20.0%) averages.

![Figure 1: Self-reported measures of personal wellbeing from the Annual Population Survey [25]]()

**Figure 1:** Self-reported measures of personal wellbeing from the Annual Population Survey [25]

## Common mental health disorders

Common mental health disorders (CMDs) include depression, anxiety disorders, panic disorder, obsessive compulsive disorder and phobias.[6] CMDs are conditions which are often treated by a person’s GP, however they can be more severe and need specialist treatment. In England, women were more likely than men to have been diagnosed with CMD.[1]

Table 1 shows the estimated number of Medway residents, aged 16 and over, with common mental disorder symptoms. These estimates were calculated by applying the 2014 Adult Psychiatric Morbidity Survey data [1] to the 2017 local mid-year population estimates.[26]

**Table 1:** Estimated number of Medway residents with common mental health disorder symptons by gender [1] [26]

|  |  |  |
| --- | --- | --- |
| **Gender** | **Percentage of the population with CMD symptoms in England** | **Estimated number of Medway residents** |
| Women | 19.1% | 21,370 |
| Men | 12.2% | 12,230 |

In September 2017, around 40% of patients aged 18-64 registered at a GP practice in Medway had been recorded as having a mental health condition in the last 12 months.[27]

* Of patients aged 18 or over registered at a GP practice in Medway, 11.9% were recorded as having depression in 2017/18, which is significantly higher than both the South East region (10.1%) and England (9.9%).[28]
* When comparing the six geographic localities in Medway, the locality with the highest GP registered prevalence of depression is found in Strood.[29]
* In 2016/17, 14.0% of people who completed the GP Patient Survey in Medway reported having depression and anxiety, which is higher compared to the South East region (12.5%), but similar to England (13.7%).[30]

## Severe Mental Illness

Severe mental illness (SMI) is where mental health issues substantially interfere with daily living, and may involve psychosis (losing touch with reality) or require a high level of care which may include hospital treatment.[7] This can include conditions such as schizophrenia, bipolar disorder and personality disorders.

* The prevalence of serious mental illness (aged 18 or over) recorded on GP practice registers in Medway (0.73%) is lower than the South East region (0.85%) and England (0.94%).[31]
* The rate of new cases of psychosis in people aged 16-64 in Medway (21.1 per 100,000 population) is similar to the South East region (19.8) and England (24.2).[32]
* In 2017/18, the proportion of people in Medway (all ages) reporting they have a long-term mental health problem (9.4%) is similar to the South East region (8.6%) and England (9.1%) averages.[33]

Table 2 shows the number of patients registered at a GP practice in Medway with a serious mental illness in September 2017:

**Table 2:** Patients registered at a GP practice in Medway with a serious mental illness, September 2017. [27]

|  |  |
| --- | --- |
| **Measure** | **Count** |
| All patients aged 18-64 registered with GP | 182,594 |
| Patients with a SMI or personality disorder recorded in the last 12 months | 347 |
| Patients whose latest diagnosis is bipolar affective disease | 571 |
| Patients whose latest diagnosis is psychosis | 317 |
| Patients whose latest diagnosis is schizophrenia | 714 |
| Patients recorded as possibly having 2 or more psychiatric conditions | 10,549 |
| Patients whose latest diagnosis is a personality disorder | 769 |

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## Physical health and lifestyle of people with serious mental illness in Medway

Mental health and physical health are related. People with mental illness are more likely to experience physical illness.[2]

* In 2014/15, the excess under 75 mortality rate in adults with serious mental illness, measured as the ratio of observed to expected mortalities (expressed as a percentage), was 439.4% in Medway, which is higher compared to England (370.0%).[34]

Poor mental health and wellbeing are also associated with high levels of health risk behaviours, such as smoking, alcohol and drug misuse.

* In 2014/15, 44.3% of people with a serious mental illness in Medway smoked, which is significantly higher than the South East region (38.5%) and England (40.5%).[35]
* In 2015, among the general adult population in Medway, 22.3% of people smoked, suggesting that smoking prevalence among those with serious mental illness in Medway is twice as high compared to the general population.[36]

The National Institute for Health and Care Excellence (NICE) recommends that GPs and other primary care professionals should monitor the physical health of people with certain types of mental health problems, including schizophrenia, psychosis and bipolar disorder at least once a year.[9]

* In 2017/18, 79.1% of patients with SMI had a blood pressure check in the last 12 months, which is significantly lower compared to England (81.5%).[37]
* In 2017/18, the proportion of patients with SMI that had a record of alcohol consumption in the last 12 months was 73.4% in Medway, which is significantly lower compared to England (80.6%).[38]

# Current services in relation to need

## Mental health and wellbeing promotion

A range of partners deliver services which contribute to mental wellbeing. Medway Council has an important role in population mental wellbeing, and the Public Health team delivers the following:

* Mental wellbeing training - overseeing the delivery of a programme of training across health and care organisations, which enables staff to identify and talk to people who may be experiencing mental health issues and signpost them to services. This also includes delivering mental wellbeing training to “A Better Medway” champions, which includes members of the local community.
* Workplace health programme - supporting workplaces to improve the health of employees, including support and training around mental wellbeing.
* Medway Council Public Health commissions the Medway Men in Sheds scheme delivered by the Sunlight Trust. The scheme provides user led activities to improve wellbeing, reduce isolation and promote good mental health. In 2018, approximately 200 people were registered with the scheme.

## Services for those with common mental health disorders

Medway Clinical Commissioning Group (CCG) is responsible for commissioning and overseeing mental health services in Medway, including Talking Therapies and secondary (specialist) care. In Medway, services which support people with mental health problems include:

* Support from primary care - GPs and other members of primary care teams can provide support with a range of mental health issues. This may include advice, treatment/medicines or referrals to more specialised services. In Medway there are three Primary Mental Health Workers who work with GP practices across Medway to support people with mental health issues.
* Medway Talking Therapies - this service is aimed at people with common mental health disorders, including low mood, depression, anxiety, stress and phobias, as well as bereavement and relationship problems. The service provides a range of talking therapies, either face-to-face, over the phone or digitally via apps and online services. Access to the service is by GP or self-referral. The service also has dedicated employment advisors who can provide advice and support around employment to those using the service. In Medway this service is delivered by Insight Healthcare, in partnership with North Kent Mind and IESO digital health.

## Support for people with severe mental health needs

Kent and Medway NHS and Social Care Partnership Trust is the local provider of secondary (specialised) mental health services for Medway. Some of these services are outlined below:

* Mental Health Single Point of Access - is available 8am to 10pm, 7 days a week. The service is for people who need urgent mental health support and who are not already under the care of the Community Mental Health Team. The service can provide advice and help accessing support and services.
* Medway Community Mental Health Team - assess, diagnose and treat adults with severe, long-term and complex mental health needs who are living in the community. Referrals can be made by a GP. In exceptional circumstances they can be received from Social Services and other agencies.
* Crisis Resolution and Home Treatment Team - this team provides an alternative to a hospital admission by supporting individuals who are acutely mentally unwell in their own homes. Support can include home visits, problem solving and talking therapy, carers support and medication management.
* Medway Liaison Psychiatry service - sometimes people with acute psychiatric illness need specific care that can only be provided in hospital or cannot be managed safely at home, and therefore may require admission to hospital for treatment. The liaison psychiatry service provides mental health advice, assistance and formal assessments for adults presenting at Medway Hospital (both people attending the accident and emergency department and people who have been admitted to hospital).
* Early Intervention for Psychosis Service - psychosis is a mental health disorder that can cause problems such as hallucinations and delusions. This team work with people between 14 and 65 years old who are experiencing their first episode of psychosis (symptoms started within the last 3 years). The team offers advice, assessment and support, including practical activities such as social or vocational.
* The Mother and Infant Mental Health Service - specialises in the assessment, diagnosis and short-term treatment of pregnant women with a pre-existing mental illness or those at risk, and women who encounter mental health problems for the first time during or after their pregnancy. Medway residents also have access to a specialist mother and baby unit which is commissioned by NHS England for the whole of the South East and located in nearby Dartford.

Additional support is also available for rough sleepers. Since July 2018 work has been taking place in Medway as part of the rough sleeper initiative, led by Medway Council. A mental health practitioner has been working with housing teams to provide extra support to rough sleepers and former rough sleepers who have been placed into accommodation. The practitioner’s role is to support with mental health needs and to give guidance and advice to housing staff working with this client group. This post is funded until March 2020.

## Social care support for people with mental health problems

People with mental health problems who meet the criteria for Adult Social Care services, as set out in the Care Act, receive support from one of Medway Council’s three generic locality teams. These comprise Social Workers, Occupational Therapists and Assistant Integrated Practitioners who work with service users using the Three Conversations model. This model of practice focuses on making the best use of the particular strengths of people, their families and communities before considering the use of traditional social care provision.

Wherever possible Adult Social Care staff work with people to utilise their own resources and support networks to make the positive changes they wish to achieve. Those who require long-term support are also provided with a range of care services. Users can receive a direct payment to arrange their support packages. Alternatively, packages are commissioned from home care agencies, day services and care homes.

The Council also directly provides community outreach support, visiting people in their homes initially, to assess individual needs and signpost to other services where appropriate. Wellbeing services and practical life skills support are also delivered from the 147 Day Resource Centre for individuals who meet eligibility criteria, ranging from short to longer term support. The social care team is responsible for undertaking safeguarding adult enquires when concerns are raised.

## Peer support, advocacy and wellbeing support for people with mental health problems

* Mental Health Advocacy services are commissioned by Medway Council and delivered by POhWER. Free, confidential and independent advocacy services to help people understand their rights. Referrals are via adult social care and eligibility criteria are determined by guidelines as set out for the provision of statutory advocacy services.
* Carers First is also commissioned by Medway Council to provide advice and emotional or practical support to carers, including those who care for people with a mental health issue.
* Medway CCG commissions a Wellbeing Cafe which runs at a local community centre to provide out-of-hours and weekend support to people experiencing mental health issues. The service offers a range of facilitated social activities that promote mental wellbeing, such as arts and crafts, along with one-to-one support and advice.
* The CCG, in partnership with Medway Council, commissions the service user group, MEGAN CIC, to provide a range of peer support groups in Medway, such as a personality disorder support group and a depression and anxiety support group. The group aims to reduce mental health stigma and provides a forum for service user engagement.
* Mental Health Matters is a helpline which is available 24/7. Callers are able to access online or telephone support from trained counsellors who offer emotional guidance, information and prevent mental health crises.
* The voluntary sector in Medway also provides support to those with mental health problems, for example through art groups and informal peer support.

# Projected service use and outcomes in 3-5 years and 5-10 years

Depression contributes 12% of the total burden of non-fatal global disease and by 2020 is set to be second after cardiovascular disease in terms of the world’s disabling diseases.[39]

Table 3 shows the projected prevalence of mental health problems to 2020. Prevalence rates from the Adult Psychiatry Mobility Survey (2007) have been applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have a mental health problem in 2020.[26]

**Table 3:** People aged 18-64 predicted to have a mental health problem in Medway by gender, projected to 2020. [26]

|  |  |  |
| --- | --- | --- |
| **Measure** | **2017** | **2020** |
| People aged 18-64 predicted to have a common mental disorder | 28012 | 28599 |
| People aged 18-64 predicted to have a borderline personality disorder | 783 | 799 |
| People aged 18-64 predicted to have an antisocial personality disorder | 611 | 623 |
| People aged 18-64 predicted to have psychotic disorder | 696 | 711 |
| People aged 18-64 predicted to have two or more psychiatric disorders | 12534 | 12794 |

# Evidence of what works

## Mental health services: cost-effective commissioning

Public Health England has recently published an updated version of work previously carried out by the London School of Economics in 2011: “Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health”. This document looks at the most cost-effective interventions for mental health promotion and is accompanied by a Mental Health Promotion return on investment tool. The work focuses on eight key interventions for preventing the development of mental health problems and finds that there is a strong case for investing in these different actions. The following activities provide a return on investment, which varies between £1.26 and £39.11 per £1 spent on these activities.[40]

* School-based programmes to prevent bullying and initiatives to prevent depression in children and young people.
* Workplace programmes to promote mental health and initiatives to help adults at risk of stress, anxiety and depression.
* Mental health support integrated into the pathways and interventions for people with long-term physical health problems, e.g. diabetes and heart disease.
* Group-based social activities, including volunteering, to address loneliness as a way of promoting mental health.
* Financial advice services for people with debt problems located in primary care.
* Initiatives to identify and support people who have self-harmed and are potentially suicidal.

## NICE pathways and guidelines

There are a range of evidence-based pathways and guidelines about effective ways of preventing, identifying and treating mental health problems published by the National Institute for Health and Care Excellence.[41]

## Mental Health Forward View

The independent Mental Health Taskforce published its Five Year Forward View [2] in February 2016 which set out the current state of mental health service provision in England and made recommendations in all service areas.[42]

NHS England accepted all the recommendations in the report for which it held responsibility and it was agreed with the Government that to support this transformation, mental health services will benefit from additional investment of £1bn per year by 2020/21.[42]

In July 2016, NHS England published an Implementation Plan detailing how it will deliver the recommendations made by the Taskforce working with its partner arms-length bodies.[42]

Immediate priorities for service redesign are:

* to increase access to specialist perinatal care
* to reduce the number of out of area placements for children, young people and adults through the provision of more care closer to and at home
* to increase access to crisis care liaison services in emergency departments and inpatient wards
* suicide prevention.[42]

# User Views

In October 2017 service users at a World Mental Health Day event in Medway were asked their views of what was working well in mental health services.

* Overnight crisis provision from voluntary organisation IMHP (Improve Mental Health Provision) is working well, but funding is short-term.
* A good range of public health initiatives are available in Medway.
* Service users reported better awareness and attitude of mental health in society generally. There is much less stigma around mental illness.
* The role of the voluntary sector is vital for service users in their recovery. MEGAN and Fairbridge were cited as examples of engaging and relaxing places to access support.
* The Early Intervention Service at Canada House (which has been rated as outstanding).
* Services are beginning to listen more to the people in the community and are engaging better.

A service user forum event, run by MEGAN CIC, was also held in March 2018 and a snapshot of the views of those who attended is represented below. More details on the service user forum are available on the MEGAN CIC website.

* Waiting lists for allocations to a care coordinator in the Community Mental Health Team are too long and service users do not feel those in primary care understand their medication requirements well, particularly around ADHD. Staffing is an issue with secondary care teams and there is a lack of consultant psychiatrists.
* Service users and carers reported feeling dissatisfied with crisis/out-of-hours provision often meaning individuals are presenting at A&E to access crisis support. When a hospital admission is required, patients are often discharged too soon before they are well enough and quickly become unwell again.
* There are issues where there is a dual diagnosis and no dedicated services that tackle dual diagnosis. Services users report a lack of treatment and support for mental health and/or drug and alcohol.
* People with a diagnosis of personality disorder require a quicker response to their support needs and faster access to talking therapies. Waiting times for talking therapies in secondary care requires improvement.

In addition, Partnership Commissioning set up an advisory group consisting of service users, carers and community organisations which provide peer support. Feedback from consultation with this group was presented in Medway’s 2017 Mental Health Needs Assessment and Gap Analysis[27] and a sample of this feedback is listed below.

* Recent experiences of accessing acute services were not perceived as helpful. Long waiting times for secondary care services.
* Expressed lack of continuity of care. Staff turnover described as a barrier to engaging with services. Makes trust building difficult.
* Expressed lack of support for adults with additional diagnosis or awaiting diagnostic assessment, such as ASD/ADHD.
* People with personality disorder reported a lack of supportive services.
* Peer support gained through community groups was identified as a major form of support.

# Unmet needs and service gaps

## Public health and mental health promotion

There could be additional work undertaken by all partners to further raise awareness of the 5 ways to wellbeing and other ways of maintaining good mental wellbeing among the general population.

## Primary care

The proportion of those with serious mental illness having annual health checks could be improved to address the physical health needs of this population group and reduce their existing health inequalities. The introduction of specialist primary care mental health nurses in Medway localities may help to achieve improvements in this area.

## Secondary care

Waiting times for support from community mental health teams could be improved. It is recognised that both in Medway and nationally there are challenges with mental health workforce capacity.

Professionals and service users report that support for those with co-occurring conditions (both substance misuse and mental health problems) could be improved through a more joined up approach and exploring opportunities for integrated service provision.

Professionals who work with vulnerable homeless people report that it is challenging to identify ways for these individuals to receive mental health assessments. Outreach mental health provision where professionals could undertake mental health assessments for homeless people in the community would help to address this gap.

Further work is needed to increase the proportion of people in mental health services who refer into the smoking cessation service.

# Recommendations for commissioning

It is recommended that partners continue to explore opportunities to integrate mental health support into new ways of working in primary care (locality working and the Medway model).

Work to increase the uptake of physical health checks among those with severe mental illness should continue, including an audit of this area to identify any areas for improvement.

To address the concerns around access to mental health services and waiting times, work should be undertaken to ensure there is a clear pathway for mental health provision, including crisis support. Partners need to work together to implement urgent care redesign and have a clear communication plan for the public on how to access support when it is required.

Medway CCG should continue to review Community Mental Health Team waiting times against KPIs through performance management processes and work with the provider to identify any areas for improvement.

The Public Health team should continue to raise awareness of the smoking cessation service within mental health settings, increasing understanding of referral processes and support available, such as one-to-one support and stress management techniques. Targeting is recommended for staff who are in regular contact with mental health service users, such as social workers, residential care homes, voluntary sector providers and acute settings.

It is recommended that partners in Medway continue to increase the capacity of frontline workers in health and social care to deliver brief mental wellbeing interventions through training such as Connect 5.

It is recommended that partners identify ways of promoting mental wellbeing campaigns, such as the five ways to wellbeing, to achieve improvements in population mental wellbeing.

Further partnership working and action around mental health promotion and prevention of mental health conditions is recommended. Social prescribing schemes should ensure that improved mental wellbeing is an outcome. Services aimed at improving mental wellbeing and preventing mental illness need to identify ways of targeting those who have the worst health outcomes to reduce health inequalities.

# Recommendations for needs assessment work

It is recommended that a separate JSNA chapter on suicide prevention be developed. This is to inform strategic commissioning and future service provision in order to achieve the target set out in the Five Year Forward View for Mental Health to reduce suicides by 10% nationally by 2020/21.

Needs assessment work to understand the needs of and support for those with co-occurring conditions (dual diagnosis) is recommended.

Additional work to understand the needs of and support for those with mental health issues around employment, financial management (including debt) and housing is recommended.

Perinatal mental health (mental health during pregnancy) is also identified as an area for further local needs assessment to inform production of a JSNA chapter.

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