Adult Mental Health and Wellbeing

# Summary

## Introduction

Being mentally healthy is not just about the absence of a mental illness, it also involves a state of wellbeing, where an individual can cope with the normal stresses of life, be productive, reach their potential and feel connected to their own community. Multiple factors can positively or negatively affect people’s mental wellbeing. These include age, gender, housing security, employment status or life events. Poor mental health can range from common mental health disorders (CMD), such as depression or phobias, to severe mental illness (SMI), such as schizophrenia. As well as affecting individuals, families, and society as a whole, the cost of mental health conditions to the economy is expected to double over the next 20 years. This chapter outlines the current situation in Medway and makes recommendations for the future.

## Key issues and gaps

Although population levels of mental wellbeing in Medway are similar to the South East (SE) and England, average ratings of personal wellbeing in England and Medway have been declining. The level of recorded depression in Medway is also higher than both the SE and England averages, and this trend has been increasing since 2018/19. This may be due to recording and diagnostic practice, however it is probable that the actual level of need in the population may be much higher as people with symptoms may not seek the appropriate help.

Health inequalities and premature death from preventable diseases in people with SMI continue to increase both locally and nationally. The physical health, lifestyle and life expectancy of people with serious mental illness needs to be closer to that of people without serious mental illness. The number of people with SMI who receive their health check and support to access health and wellbeing interventions could be increased.

Referral and treatment pathways for people with co-occurring conditions and complexity need to work more effectively. There needs to be more consistent application of the joint working protocol.

Workforce challenges within mental health services continue to impact on the ability for people to access appointments and services in a timely fashion and put pressure on capacity and quality. These challenges need to be addressed to meet current and future need.

## Recommendations for commissioning

To address the low levels of mental wellbeing and potentially higher than average levels of depression indicated for Medway, there is a recommendation for sustained upstream investment in services which focus on mental health promotion and prevention, particularly in the more deprived areas. A whole system, partnership approach to commissioning for public mental health outcomes should be adopted with a key focus on strengthening third sector support and community development.

Reducing health inequalities for people with SMI should be routinely considered when commissioning services. Where feasible, opportunities to promote and improve physical health outcomes for people with SMI should be included in service specifications. Commissioning should include testing approaches which facilitate social support, mental wellbeing and access and engagement to health improvement services for these patients.

Consideration should be given to those with additional complexity, such as substance use, to ensure commissioned services are accessible and adequately support their complex need. The transformation of community mental healthcare provides the prime opportunity to improve collaboration, by developing integrated teams and to implement a clear pathway for people with co- occurring conditions.

# 1) Introduction

Being mentally healthy is not just about the absence of a mental illness, it also involves a state of wellbeing, where an individual can cope with the normal stresses of life, be productive, reach their potential and feel connected to their own community1. People with higher wellbeing are more likely to have better physical and mental health2. Multiple factors can positively or negatively affect people’s mental wellbeing. These include age, gender, housing security, employment status or life events2.

One in six adults in England has a common mental disorder at any one time. Common mental health disorders (CMDs) include depression, anxiety disorders, post-traumatic stress disorder, panic disorder, obsessive compulsive disorder and phobias 3. 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 treatment4. This can include conditions such as schizophrenia, bipolar disorder and complex emotional disorders (formally known as personality disorders).

People with mental illness are more likely to experience physical illness and have a lower life expectancy than people without mental illness.5 People with long-term physical health conditions are also more likely to experience mental health conditions and poor mental wellbeing than those without.6It is estimated that people living with SMI may die up to 20 years earlier than the general population.6 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.6

Mental health problems impact individuals, families, communities, and society as a whole.7 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.7 Public mental health interventions can be grouped under the following headings , mental health promotion interventions, prevention interventions and early intervention for mental illness. Similarly, prevention can be described in the following three approaches:

**Primary prevention** - preventing mental health problems before they occur, including promoting positive mental health and wellbeing in the general population.

**Secondary prevention** - reducing the impact and progression of mental health problems through detection of early symptoms and rapid intervention.

**Tertiary prevention** - supporting people experiencing ongoing and enduring mental health problems to live well, prevent crisis and deterioration in health and wellbeing.

Half of all lifetime mental health problems arise by the age of 14 and three quarters arise by the age of 24.3 Further information on children and young peoples’ mental health can be found in the JSNA chapter on this topic: [Emotional health and wellbeing of children and young people](https://www.medway.gov.uk/downloads/file/7618/emotional_health_and_wellbeing_of_children_and_young_people)*.* There is also a separate JSNA chapter on [social isolation](http://medwayjsna.info/jsna-appendices-adults.html), which is a risk factor for mental illness and a chapter on [Suicide Prevention](https://www.medway.gov.uk/downloads/file/7447/suicide_prevention).

# 2) Who’s at risk and why?

Mental illness can affect anyone. There are multiple factors that may affect someone’s mental wellbeing both positively and negatively throughout their lives. Some of these are individual factors, such as illness or genetics. Others are wider social, economic and environmental factors which include unemployment, isolation, deprivation or exposure to crime. Unequal distribution of the social determination of health, such as education, employment and housing drives inequalities in physical and mental health.8

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 and blue spaces, opportunities for regular physical activity, feeling connected to community and access to good education are all examples of wider determinants that promote mental health and wellbeing.9

* The percentage of people who are physically active in Medway is 62.9% similar to the SE region (70.2%) and England (67.1%)10.
* Medway has over 200 parks and open spaces. In 2015/16 the proportion of individuals using open spaces for exercise in Medway was 17.2%, which is similar to both the England (17.9%) and SE (18.2%) averages.11
* In 2022/23, the average Attainment 8 score for Medway was 44.2%, which is lower compared to the England (47.3%) and South East (52.1%) averages.12

Further data for Medway about the protective factors that support good mental wellbeing can be found on [OHID’s Public Mental Health Dashboard](https://app.powerbi.com/view?r=eyJrIjoiN2Y2NjFiOWUtOWZiOS00OGY5LTk5ZDEtMzQ3YWM0OGRjMGJhIiwidCI6ImVlNGUxNDk5LTRhMzUtNGIyZS1hZDQ3LTVmM2NmOWRlODY2NiIsImMiOjh9).

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

There are factors which can increase the risk of poor mental health. Some examples include:

### Deprivation

Individuals living in higher levels of deprivation are more likely to experience mental health problems.2,13

In 2019 for Medway, 23.9% of the population lived in areas which are among the 20% most deprived nationally. This is significantly higher than the South East average (15.5%), but similar to the England average (21.7%)14.

### Unemployment

Unemployment can increase the risk of mental illness, but mental illness can also increase risk of unemployment. Unemployment is associated with poor mental health and suicide. 2,15

* In 2021/22 unemployment in Medway was slightly higher than the England average with 5.5% of people in Medway unemployed (compared to 5.0 % nationally).16
* Long term unemployment rate in Medway is comparatively high. In 2021, the rate of people aged 16-64 years claiming employment support allowance for more than twelve months in Medway was 2.4 per 1,000 population, which is higher than the England rate (1.9 per 1,000 population).17
* In 2020/21 for Medway, the gap in employment rate between those with and without a mental illness was 66.3%, similar to the England average rate.18

Further data for Medway about risk factors for poor mental health and wellbeing can be found on the [Office for Health Improvement and Disparities Fingertips tool](https://fingertips.phe.org.uk/profile-group/mental-health).

There are specific population groups that are at higher risk of developing mental health problems, including those with long-term physical illnesses, asylum seekers and refugees, black and minority ethnic groups, lesbian, gay, bisexual and transgender adults, carers, offenders, looked after children, people with learning disabilities or who are neuro diverse, people with addictions and homeless people.2

Isolation is a risk factor for poor mental health19 and in 2021/22 the percentage of adult carers in Medway who have as much social contact as they would like was 23.7%, which is similar to both the South East region (27.9%) and England (28.0%), although this figure is declining for all of these areas20.

# 3) The level of need in the population

Mental health covers a wide range of conditions and can be reported on in a number of ways. Measuring the prevalence of poor mental health is challenging due to the undisclosed aspect of mental illness, stigma, variations in access and diagnosis. This section highlights self-reported wellbeing, common mental health disorders and severe mental illness in Medway.

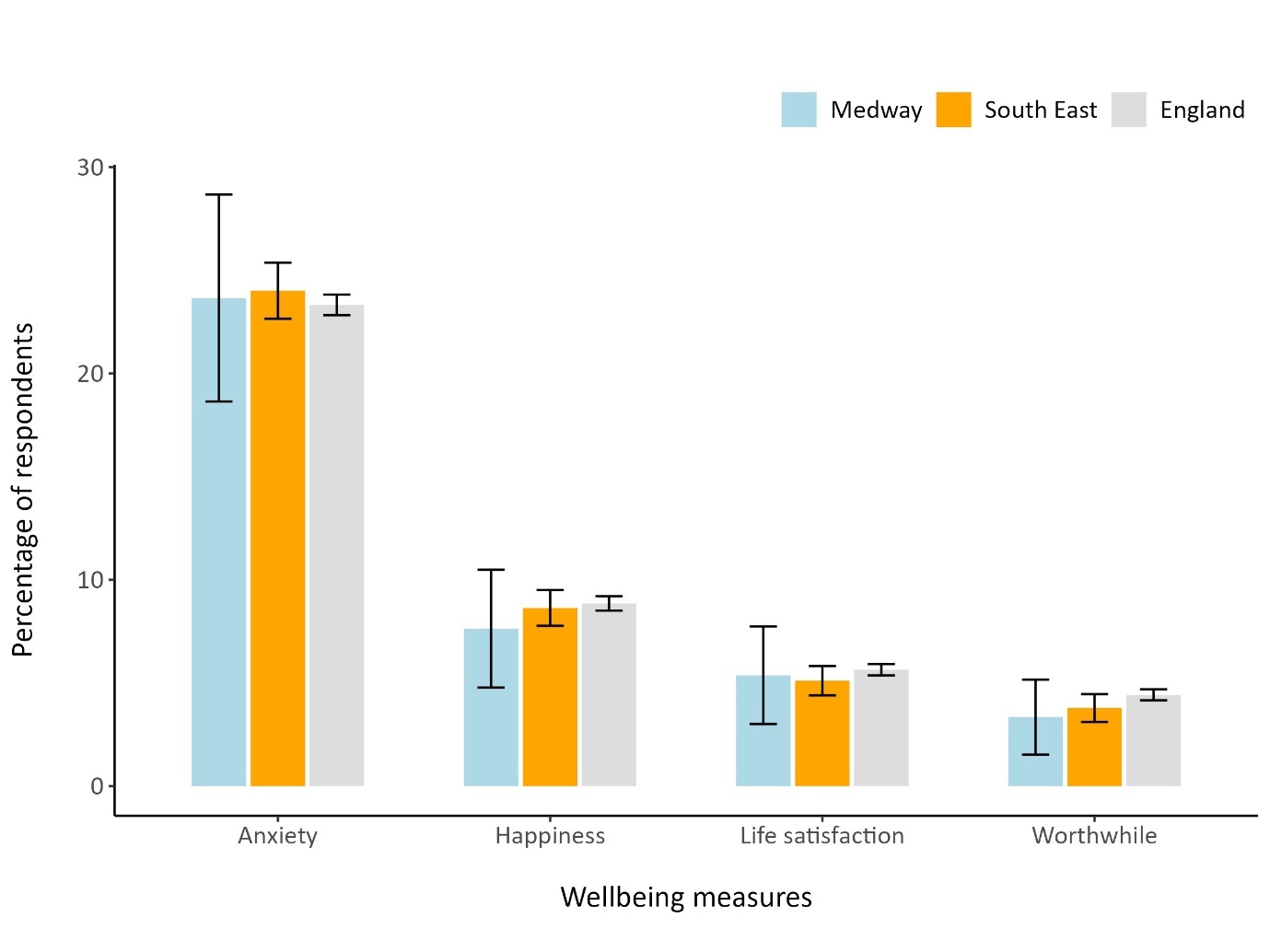
## Self-reported wellbeing in Medway

The Annual Population Survey (APS) provides information on important social and socio-economic variables at local levels. It captures the following four self-reported measures of personal wellbeing:

1. Life satisfaction.
2. Feeling worthwhile.
3. Happiness.
4. Anxiety.

Figure one shows the APS personal wellbeing data for Medway, the South East region, and England for 2022/23 with the highlights as follows:

* The proportion of people in Medway who report having low life satisfaction (5.4%) is similar to the South East region (5.1%) and England (5.6%).21
* The proportion of people in Medway with a low happiness score (7.6%) is similar to both the England average (8.9%) and the South East region (8.6%).22
* In Medway, the proportion of people reporting high levels of anxiety (23.7%) is similar to both the South East region (24.0%) and England (23.3%) averages.23
* In Medway, the proportion of people reporting low levels of feeling worthwhile (3.4%) is similar to both the South East region (3.8%) and England (4.4%) averages.24



***Figure one:*** *The percentage of respondents to the APS who report high anxiety, low happiness, low life satisfaction and do not feel worthwhile (2022/23).*

In 2021/22, Medway Council Public Health carried out a local Health and Wellbeing survey. Residents were asked questions on a range of health-related topics including mental health. The responses were comparable to the ONS personal wellbeing data.

The survey results give estimates of anxiety, happiness, life satisfaction and worthwhile levels at ward level in Medway. They also highlight differences between certain groups. An overview of the results is show in Table one. The full results can be viewed on the [Health and Wellbeing Survey page of the Medway JSNA website](https://www.medway.gov.uk/info/200591/medway_s_joint_strategic_needs_assessment_jsna/1650/medway_health_and_wellbeing_survey).

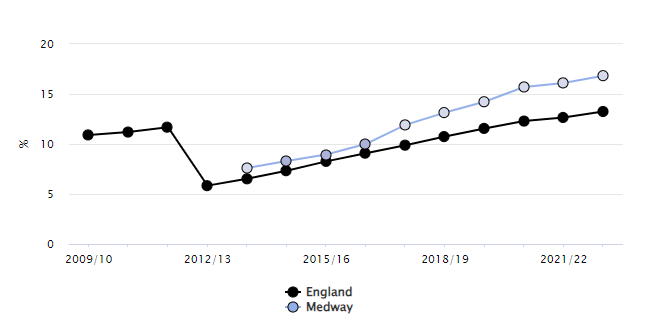
***Table one:*** *An overview of results from the Medway Local Health and Wellbeing Survey.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Wellbeing measure** | **Medway adults reporting the wellbeing measure (%)** | **Wards reporting lower wellbeing compared to Medway (%)** | **Groups most likely to report poor wellbeing.** |
| Low or very low anxiety | 70.1 | * Gillingham North (57.5). * Wayfield & Weeds Wood (58.0). * Strood West (60.1). * Hoo St Werburgh & High Halstow (61.3). * Gillingham South (61.7). | * Females. * Adults who rent. |
| High or very high happiness | 73.4 | * Rochester East & Warren Wood (64.0) * Strood North & Frindsbury (64.3). | * Aged 85 years and over. * Living in higher levels of deprivation. * Unemployed. * Adults who rent. |
| High or very high life satisfaction | 77.7 | * Wayfield & Weeds Wood (66.1). * Gillingham South (68.0) | * Unemployed. * Adults who rent. |
| High or very high worthwhile levels | 78.6 | * Wayfield & West Wood (67.0) * Gillingham South (68.9). * Strood North and Frindsbury (69.1) * Gillingham North (70.1) | * Aged 85 years and over, living in areas of higher deprivation. * Unemployed or economically inactive. * Adults who rent. |

## Common mental health disorders

Common mental health disorders (CMDs) include depression, anxiety disorders, panic disorder, obsessive compulsive disorder (OCD) and phobias.3 CMDs are conditions which are often treated within primary care, however they can be more severe and need specialist treatment.

Of patients aged 18 or over registered at GP practices in Medway, 16.8% were recorded as having depression in 2022/23, which was higher than both the South East region (13.8%) and England average (13.2%)25. Figure two shows that Medway has consistently had a recorded prevalence significantly higher than England since 2018/19. It should be noted that this could be due to a higher prevalence within the population, or it could be due to a higher diagnosis rate.



***Figure two:*** *GP recorded prevalence for depression diagnosed in adult aged 18 and over in Medway compared to England. The lighter blue indicates Medway is significantly higher than England whereas the darker blue indicates a similar value*25*.*

## Severe Mental Illness

Severe mental illness (SMI) is where mental health issues substantially interfere with daily living. This may involve psychosis (losing touch with reality) and/or require a high level of care, including hospital treatment. Conditions such as schizophrenia, bipolar disorder and personality disorders are SMIs. GP recorded prevalence is frequently used to explore the amount of SMIs in an area. It should be noted that a lower recorded prevalence could be due to a lower prevalence of SMIs, or it could be due to a lower diagnosis rate for those SMIs. There are also challenges around the definition of SMI and discrepancies as to which mental health conditions are recorded as SMI on registers, such as personality disorders.

The Adult Psychiatric Morbidity Survey (APMS) provides detailed information and analyses on the prevalence of both treated and untreated psychiatric disorders in the adult population in England. It was last carried out in 2007 and 2014 and is due to be repeated in 2022 although the data is not yet available.

Data from the 2014 APMS indicated that around 1.6% of adults have bipolar, and about 0.5% of adults have psychotic disorders26. This would equate to around 3,618 and 1,131 adults in Medway respectively. As there are currently 1,873 people on the SMI register in Medway, this suggests an unmet need amongst those with SMI.

* In 2021/22 the recorded prevalence of SMIs on GP practice registers in Medway was 0.8%. This was significantly lower than the England average [Medway ward profiles].
* Analysis at ward level indicated that no wards in Medway had a recorded prevalence significantly higher than the England average.
* The rate of new cases of psychosis in people aged 16-64 in Medway (21.1 per 100,000 population) is similar to England(21.19).27

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

On average men with SMI die 20 years earlier and women with SMI die 15 years earlier than the general population28. Two thirds of people with SMI will die prematurely due to preventable and treatable cardiovascular, pulmonary, and infectious diseases28. Compared to the general population people in contact with specialist mental health services have:

* Nearly four times the rate of deaths from diseases of the respiratory system.
* Just over four times the rate of deaths from diseases of the digestive system.
* Nearly three times the rate of deaths from diseases of the circulatory system.

## Association with high-risk behaviours

* Poor mental health and wellbeing are also associated with high levels of health risk behaviours, such as smoking, alcohol, and drug misuse. In 2022/23, 24.8% of people with a long term mental health condition in Medway smoked, which is similar to England (25.1%) and the South East region (23.8%), and higher than in the general population in Medway (13.1%).29,30
* In Medway in 2016/17, 20.4% of residents who had contact with mental health services also had contact with alcohol misuse services. This was similar to England. About 22.5% of Medway residents who had contact with mental health services also had contact with drug misuse services. This was also similar to England.31

**Co-Occurring Mental Health Conditions and Substance Misuse**

The term co-occurring conditions is used when people experience mental health and drug and/or alcohol misuse at the same time. Research suggests that up to 70 percent of people entering substance misuse treatment state they have a mental health need.32

In 2019, a needs assessment was carried out in Medway on common mental health disorders and non-dependent substance misuse (co-occurring conditions). It was estimated that there are 6,227 individuals in Medway who have a common mental health disorder and use alcohol or other non-dependant substance misuse. The numbers of those with serious mental illness and dependant substance misuse are unknown, however 24% of those in treatment indicate an unmet mental health need which is likely to contribute to premature mortality.33

# 4) Current services in relation to need

## Mental health and wellbeing promotion

A range of community partners deliver services which contribute to mental wellbeing. Medway Council has an important role in improving public mental health through [prevention and promoting population mental wellbeing](https://www.medway.gov.uk/info/200231/mental_wellbeing).

Services either delivered or commissioned by the public health team include the following:

[Mental Wellbeing training](https://healthtraining.medway.gov.uk/) - overseeing the delivery of a programme of no cost training, which enables staff and members of the public to identify and talk to people who may be experiencing mental health issues and signpost them to services.

* Workplace health programme - supporting workplaces to improve the health of employees, including support and training around mental wellbeing.
* Commissioning of 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.
* Release the Pressure helpline is jointly commissioned by Medway Council and is available 24/7 on 0800 107 0160.
* Quell is commissioned to provide free online interactive support for mental wellbeing.

## Services for those with common mental health disorders

Kent and Medway Integrated Care Board (ICB) is responsible for commissioning and overseeing mental health treatment services in Medway, including Talking Therapies and secondary (specialist) care. The [mental wellbeing information hub](https://www.kmhealthandcare.uk/mental-wellbeing-information-hub) provides information about mental health support and services across the ICS.

In Medway, services which support people with their mental health include:

* [Live Well Kent & Medway](https://livewellkent.org.uk/) is predominately funded by the Integrated Care System (ICS) through a lead strategic partner model. In Medway, Shaw Trust is the ICB lead strategic partner, commissioning other local third sector organisations to deliver mental health promotion services. This includes help with managing money, coping with life courses, anger management and mental health peer support.
* Support from primary care - GPs and other primary care mental health practitioners provide support with a range of mental health issues. This may include advice, treatment or referrals to more specialised services.
* [NHS Kent and Medway Talking Therapies](https://www.we-listen.org/) is a service aimed at people with common mental health disorders. These include low mood, depression, anxiety, as well as bereavement and relationship problems. The service provides a range of talking therapies, face-to-face, over the phone or digitally via apps and online services. Access to the service is by GP or self-referral.
* [Medway SafeHaven](https://www.mhm.org.uk/kent-safe-havens) is co-located at Medway Hospital and provides a non-clinical, safe environment to support people in crisis. The JSNA chapter for Suicide Prevention contains additional information about crisis support services.
* There is also specialist mental health support embedded within the rough sleeper service and talking therapies commissioned specifically for domestic abuse refuge services.

## Support for people with severe mental health needs

Kent and Medway NHS and Social Care Partnership Trust are the local provider of secondary (specialised) mental health services for Medway. A [community mental health transformation programme Mental Health Together](https://www.kmhealthandcare.uk/transformation-projects/community-mental-health-services) is underway for the Medway and Swale Health and Care Partnership (HCP). Transformation aims to improve access to mental health support, working closer to primary care networks, integrating physical and mental health needs and ensuring people get the right support at the right time.

Some of the current services are outlined below:

* Kent and Medway Mental Health Crisis Line NHS 111 Option 2 - is available 24/7. The service is for people who need urgent mental health support. The service can provide advice and help accessing support and local services.
* Medway Community Mental Health Team (currently under transformation) - 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 - these teams provide an alternative to hospital admission by supporting individuals who are acutely mentally unwell in their own homes. Support can include home visits, carers support and medication management.
* Medway 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 (EIP) and At Risk Mental State (ARMS) services - work with people between 14 and 35 years old who are experiencing their first episode of psychosis. The team offer advice, assessment and support, including social and vocational practical activities.
* 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, during or after their pregnancy. Medway residents also have access to a specialist mother and baby unit, commissioned by NHS England for the South East and located in nearby Dartford.

## Social care support for people with mental health problems

* People with mental health needs who meet the eligibility criteria for Adult Social Care services, as set out in the Care Act 2014, receive support from one of Medway Council’s three generic locality teams. These comprise Social Workers and Social Care Officers who work with individuals using a Strengths-Based model. This model of practice focuses on making the best use of a person’s  strengths, 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. Individuals 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 provides community outreach support, working with people in their homes initially, to assess individual needs and signpost to other services where appropriate. The social care team is responsible for undertaking safeguarding 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 Libra. Free, 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.
* KMPT Recovery College provides free life skills and wellbeing courses on a range of topics and is open to people with or without a mental health diagnosis.
* The voluntary sector (VCSE) across Medway plays an invaluable contribution to promoting mental health and wellbeing through the provision of social prescribing and community-based activities, the VCSE are able to support people with a range of issues.

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

It is possible to make estimates about future trends in mental health conditions by making assumptions about future population growth and changes in health and wellbeing. Estimates made by the Projecting Adult Needs and Services Information (PANSI) suggest that 31,916 adults aged 18- 64 in Medway had a common mental health disorder (includes diagnosed and undiagnosed) in 2020. This is projected to increase to 32,014 by 2040 – an increase of 0.3%. This projection does not take into account emerging factors such as the impact of the increased cost of living or climate change anxiety.

The [Cost of living and depression in adults report (2022)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/articles/costoflivinganddepressioninadultsgreatbritain/latest) was published by the Office for National Statistics (ONS). This explored rising recorded depression in the context of the cost of living. This analysis found the following:

* approximately one in six adults experienced moderate to depressive symptoms in 2022, which is similar to 2021 and higher than pre-pandemic levels.
* prevalence of moderate to severe depressive symptoms was higher among adults who were:
  + economically inactive because of long-term sickness.
  + unpaid carers for 35 or more hours a week.
  + disabled adults.
  + adults in the most deprived areas of England.
  + young adults aged 16 to 29 years.
  + women.
* around one in four of those who reported difficulty paying their energy bills experienced moderate to severe depressive symptoms, which is nearly three times higher than those who found it easy to pay their energy bills.

Data from NELFT, Medway’s children and young people mental health service provider, suggests that on average 8-10 young people transition in adult mental health services in Medway each year.

# 6) Evidence of what works

## NICE pathways and guidelines

There are a range of [evidence-based pathways and guidelines](https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-behavioural-and-neurodevelopmental-conditions) about effective ways of preventing, identifying and treating mental health problems published by the National Institute for Health and Care Excellence (NICE).

There is specific [NICE guidance on promoting mental wellbeing at work](https://www.nice.org.uk/guidance/ng212) and [promoting mental wellbeing for older people](https://www.nice.org.uk/guidance/ng32).

The [Centre for Wellbeing produce a suite of research and evidence papers](https://whatworkswellbeing.org/) on what works to improve and measure wellbeing at a local and national level.

The [London School of Economics (LSE) produced a document which looks at the most cost-effective interventions for mental health promotion and is accompanied by a Mental Health Promotion return on investment tool.](https://www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning)

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. Some examples of these interventions are listed below and many are existing and ongoing programmes within Medway.

* Workplace programmes to promote mental health and initiatives to help adults at risk of stress, anxiety and depression.
* Financial advice services for people with debt problems located in primary care.
* 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.

There is specific [guidance on commissioning and providing better care for people with co-occurring mental health, and alcohol and drug use conditions](https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services).

The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/areas-of-work/mental-health/) sets out a vision for the transformation of community mental health services Medway and Swale HCP is one area such transformation programme through the Mental Health Together programme.

# 7) User views

Between October 2021 and January 2022 a public engagement research exercise known as [Kent and Medway Listens](https://letstalk.kent.gov.uk/kentandmedwaylistens) was undertaken and the views of residents, in particular those deemed as ‘seldom heard’ were sought in relation to mental health and wellbeing. Medway Voluntary Action was commissioned to carry out this research for Medway and Swale with the support of a Darzi Fellow working across Kent & Medway.

There were some common themes from this research which are set out below:

* People are unsure of where to go or who to contact for support with mental health issues and often are turned away when they do try to get help.
* The Pandemic's negative impact on financial, emotional and relationship issues, anxiety and worsening health conditions due to delay in medical treatments or GP appointments.
* Language barriers for accessing services for people from communities where English is not their first language.
* Loneliness and isolation.
* Stress caused by financial concerns and loss of income.

The findings were used to inform the K&M ICS sign up to the [National Prevention Concordat for Better Mental Health](https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health) The National Prevention Concordat for Better Mental Health is a set of resources that aims to help prevent mental health problems and promote good mental health.

# 8) Unmet needs and service gaps

Workforce challenges within mental health services continue to impact on the ability for people to access appointments and services in a timely fashion and put pressure on capacity and quality.

Although population levels of mental wellbeing in Medway are similar to the South East and England, average ratings of personal wellbeing in England and Medway have been declining34. The level of recorded depression in Medway is also higher than both the South East and England averages. The actual level of need in the population may be much higher as people with symptoms may not seek the appropriate help. NHS Talking therapies are widely available and access rates could be increased.

There needs to be continued work within Medway to reduce mental health stigma, promote engagement and uptake of services, with focus on specific groups such as older people, men, black and minority ethnic groups and those from the gypsy and traveller communities.

There could be additional work undertaken by all partners to further raise awareness and adoption of the 5 Ways to Wellbeing among the general population, with a particular focus for those at risk of poverty and deprivation.

Referral and treatment pathways for people with co-occurring conditions and complexity need to work more effectively. There needs to be more consistent application of the joint working protocol.

# 9) Recommendations for commissioning

To address the low levels of mental wellbeing and potentially higher than average levels of depression indicated for Medway, there is a recommendation for sustained upstream investment in services which focus on mental health promotion and prevention, particularly in the more deprived areas. A whole system, partnership approach to commissioning for public mental health outcomes should be adopted with a key focus on community development and third sector support.

Reducing health inequalities for people with SMI should be routinely considered when commissioning services. Where feasible, opportunities to promote and improve physical health outcomes for people with SMI should be included in service specifications. Commissioning should include testing approaches which facilitate social support, mental wellbeing and access and engagement to health improvement services for these patients.

Consideration should be given to those with additional complexity, such as substance use, to ensure commissioned services are accessible and adequately support their complex need.

The transformation of community mental healthcare provides the prime opportunity to improve collaboration, by developing integrated teams and to implement a clear pathway for people with co- occurring conditions.

# 10) Recommendations for needs assessment work

Undertaking work to fully understand the financial impacts of both the pandemic and the increase in the cost of living on the mental health of Medway residents is recommended.

The level of gambling related harm across all ages in Medway should be further explored.

It is recommended that a full mental health needs assessment be undertaken to inform future system wide or place based commissioning. This assessment should aim to include population level data relating to all forms of self -reported trauma.

# 11) References

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