

MENTAL HEALTH SERVICES IN LEEDS ARE CHANGING



In October 2014 the Leeds Mental Health Partnership Board agreed the Mental Health Framework 2014–2017 which sets the direction of travel for commissioning of health and social care across the city.

The Leeds Mental Health Framework, put together by the three NHS CCGs in Leeds, Leeds City Council, Volition and Leeds Involving People, aims to improve the mental health of local people. This leaflet tells you briefly how we plan to meet that challenge.

WHY WE NEED TO FOCUS ON MENTAL HEALTH, AND OUR VISION

People in Leeds want a different approach to the way that mental health services are delivered in the city. The new Mental Health Framework will deliver these improved, new ways of working by focusing on:

- Keeping people well
- Transforming mental health services to be recovery and outcome-focused
- Reducing stigma and discrimination
- Bringing mental and physical health services together
- Ensuring access to high-quality services

At any given time, almost 1 in 4 British adults...



...and 1 in 10 children experience a diagnosable mental health problem



This is our shared vision

Leeds is a city that values people's mental wellbeing equally with their physical health.

"Our Ambition is for people to be confident that others will respond to our mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability"



15–20 year

There is a 15–20 year gap in the life expectancy of individuals with serious mental illness compared with the rest of the population.

This makes mental health problems the largest source of disability in the United Kingdom. However, despite the availability of effective support, most people are not receiving treatment and services are often variable and fragmented.

In Leeds, we face particular mental health issues:

- More than 105,000 people suffer from common mental health problems such as anxiety and depression
- At least 15,000 people will access psychological therapy
- The city has significantly higher rates of hospital admission for unipolar depressive disorders, dementia and schizophrenia than the England average
- One per cent of the Leeds population is on the autistic spectrum and two per cent have mild to moderate learning difficulties

The Leeds Mental Health Framework will help service users, commissioners and service providers manage mental health improvement to ensure Leeds values people's mental health equally with their physical health.

THE LEEDS MENTAL HEALTH FRAMEWORK: A SNAPSHOT OF OUR FUTURE PLANS

- Leeds has a mix of mental health services available to support people. These are delivered by the NHS, Local Authority and the voluntary and community sector organisations. Feedback from service users, carers and professionals, using and working within services, tell us that these services are valued and are of high quality. However, they also tell us that the system as a whole is difficult to understand and navigate in a coherent way, and that it is difficult to access the right place the first time.
- The framework looks at the challenges of improving the mental health of local people, taking into consideration the structure of services in Leeds and the challenges they pose. It outlines what will be done, how it will be done and how progress will be checked.







Together We Can is a group of people with real-life experience of mental health, bringing expertise and a united voice to the mental health system in Leeds.

Together We Can is an active partner in developing this new approach to mental health services in Leeds, and is a co-author of the Leeds Mental Health Framework.

Together We Can spoke with its members about their experience of seeking mental health support in Leeds. Some of their quotes are included throughout this booklet.

FOUR KEY AREAS AND AIMS FOR IMPROVEMENT:

-  1. Information
-  2. Crisis and Urgent Care
-  3. Re-designing Community Mental Health Services
-  4. Children and Families

“Support us to set our goals, keep linking support back to these goals and working with service users and Leeds Involving People to achieve them. Work with us towards moving on when those goals are met, not when the time is up. If a garage doesn’t sort my car out, it’s not about being dependent on garages, it’s about garages not being very good”

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1. INFORMATION



People in Leeds have told us that they find it difficult to access clear information about mental health services, issues and advice in the city.

We are developing an 'information hub', including online resources, which will be the first point of call for all information about mental health and the services available in Leeds.

The information hub is being developed through a process of joint working with people who use mental health services, people who provide services and a range of other professionals from the health, care and voluntary sector.

The information hub will include:

- General information
- Help with managing my mental health
- Digital tools such as mobile apps



Rather than be treated as a set of different conditions, I would like to be treated as a whole person, not going from one team to another and an acknowledgement that the different problems are related



I need better information when I see my GP on my illness and also on services that are out there



2. CRISIS AND URGENT CARE



NHS health services have worked with emergency services to develop an agreed approach to working with people experiencing a Mental Health Crisis. We call this agreed approach the 'Crisis Care Concordat'. Agreed changes under the new way of working include:

1. Health-based places of safety and beds are available 24/7
2. Police custody should not be used because mental health services are not available
3. Police responding to mental health crisis should know how long they have to wait for a response from health and social care workers
4. People in crisis should expect that services will share essential 'need to know' information about them
5. Some black, Asian and minority ethnic groups are detained more frequently under the Mental Health Act. Where this is the case, it must be addressed by local services working with local communities
6. A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24/7

My ideal support is to access crisis support without being signposted to an external organisation. For staff to trust our concerns when we are not well and not just dismiss us by saying 'you are stronger than you think'. This is not helpful. Ask how I feel before you judge me or force your ideas on me

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3. RE-DESIGNING COMMUNITY MENTAL HEALTH SERVICES



The current system of help and support services for people experiencing mental health issues is confusing and not easy for people to understand or find their way through.

People are often re-directed from one service to another which can result in people having to tell their stories several times as they are asked to go through repeated assessments.

As part of the new mental health strategy for Leeds, we want to make it easier for people to understand what help is available and how to access it. This will involve the professionals who work in mental health and care services working much more closely with each other.

As part of this re-design of community mental health services people will see:

- 1. Development of centralised information and self-help resources available 24/7**
- 2. Better links with support and advice services that are well-placed to help people who have mental health issues with the problems they may be facing, eg housing, debt, unemployment**
- 3. Provide a single point of contact for assessments of people requiring support. This will prevent people from being bounced back and forth between services**
- 4. Focus on early intervention and avoid unnecessary referral to specialist care**

- 5. Shift some current specialist services closer to people's local doctors and contribute to more joined up support, closer to people's communities**
- 6. Use common definitions and language to describe problems and needs across all services**
- 7. Have one common assessment process and share information across services reducing the number of repeat assessments**

We have asked service users, carers and service providers to tell us what they think about these ideas. Their feedback will help shape the new model of community-based mental health services for the city.

The peer support recovery group at St Mary's Hospital was what helped me gain the tools to stay well



She listens, engages with me, lets me steer what we work on, challenges me (without putting me down), encourages me, supports the steps I am taking, even gave me a reference



4. CHILDREN AND FAMILIES



The number of children and young people in need of support and treatment for mental health services is increasing.



...of lifetime mental illness (except dementia) begins by the age of 14



...by the age of 25

Some mental health problems are persistent and will continue into adult life unless properly treated. Others show recurrent episodes emerging in childhood and adolescence but continuing into adult life. It is known that 50 percent of lifetime mental illness (except dementia) begins by the age of 14 and 75 percent by the age of 25 and that 75 percent of those adults requiring secondary care mental health services developed problems before they were 18.

We are developing three projects for improving the connection between Children and Families and Adult Mental Health Services. These are:

1. **Improve early support for women during pregnancy**
2. **Strengthening support for service users as they move from Children's and Young Peoples to Adult Services**
3. **Improve links between schools and specialist mental health support**

I should be able to reach out to someone in any of the settings when I need, but for it all to be coordinated



It's so hard trying to find support, this needs to be easier



FOR MORE INFORMATION, PLEASE CONTACT

Commissioning Team for Mental Health and Learning Disabilities

NHS Leeds North Clinical Commissioning Group

Leaffield House

107–109 King Lane

Leeds LS17 5BP

Tel: 0113 843 2900

Email: leedsnorthccg@nhs.net