

Mental Health and Social Inclusion Strategy for Gloucestershire

MENTAL HEALTH & SOCIAL INCLUSION STRATEGY FOR GLOUCESTERSHIRE

1. INTRODUCTION

This paper articulates a vision and a strategy for addressing the social exclusion and promoting the social inclusion of people with mental health issues in Gloucestershire.

Social inclusion can be defined as people having the same opportunities to be involved in and contribute to society and community as the rest of the population. This includes improving access to health and social care services but also to community services to enable people to participate. It involves increasing options and empowering people to have confidence in their own abilities and aspirations. Key areas are education, employment, housing, family and relationships, financial security, leisure, arts, cultural and religious opportunities and participation in civic life¹.

The multi agency vision for mental health and social inclusion is:-

Working together to remove mental health inequalities and improve opportunities by engaging individuals, organisations and communities in influencing decisions that will improve the quality of life of those with mental illness, their carers and families.

1.1 Audience

This document has been written for agencies and communities – including service users, carers and their families – who are concerned with mental health and social inclusion. It has been commissioned by the Social Inclusion Executive which includes representatives of 2gether NHSFT, Gloucestershire PCT, Gloucestershire County Council, District Councils, Learning and Skills Council, Gloucestershire First, Job Centre Plus, Carers Gloucestershire and a representative of the Voluntary and Community Sector.

The strategy has been the subject of a three month consultation period. There were 59 responses to it. These have informed the shape and content of the strategy and action plan.

1.2 Scope

This strategy is underpinned by the intention to develop further the relationships between strategic partners in the statutory, voluntary, community, independent and business sectors. It aims to:

¹ (Department of Health, March 2008 - Refocusing the Care Programme Approach: Policy and Positive Practice Guidance Page 54).

- Promote the well being and social inclusion of all citizens of Gloucestershire with mental health problems, their carers and families.
- Enable people with mental health problems, their families and carers, to live as full and equal citizens of their local communities, recognising their rights to independence and self determination at the same time as respecting the rights of local communities.
- Satisfy the requirements of national policy including the White Paper 'Our Health, Our Care, Our Say: a new direction for community services' (DH 2006); the Social Exclusion Unit report, Mental Health and Social Exclusion (ODPM 2004); and Putting People First a shared vision and commitment to the transformation of adult social care (HMG et al 2007)
- Provide a framework to enable engagement with a range of strategic partners.

1.3 Definitions

1.3.1 Definition of Mental Health

The term 'mental health problems' is one that encompasses a range of experiences and situations. Mental health might usefully be viewed as a continuum of experience, from mental well-being through to a severe and enduring mental illness. We all experience changes in our mental health state which is influenced by social, personal, financial and other factors. Major life events such as a close bereavement, or leaving home, can impact significantly on how we feel about ourselves, for example, leading to depression and anxiety.

A minority of people may experience mental health problems to such a degree that they may be diagnosed as having a mental illness requiring the involvement of specialist services and support. The majority of people will not experience mental illness, but some will undoubtedly experience mental health problems at different times in their lives. Our mental well-being is an issue for all of us to consider all of the time, as we might consider our physical well-being.

'Given support and information, people experiencing mental health problems can make positive changes and improvements. Only a small minority of people do not respond to appropriate help and therefore need more specialist involvement.'²

² University of Liverpool Counselling Service)

1.3.2 Definition of Carer

A carer spends a significant proportion of their life providing unpaid support to family or potential friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems³. Carers can provide from a few hours care a week up to 24-hours a day.

A Carer can be:

- A parent
- A son or daughter
- A brother or sister
- A husband, wife or partner
- A relative, friend or neighbour and is someone who is not paid for the care they provide.

Young Carers are children and young people who take or share responsibility for the care of another person⁴.

Parent Carers are those with responsibility for a child with disabilities⁵.

1.3.3 Definition of Community

A community is a group of people living together in one place; (the community) the people of an area or country considered collectively; society; a group of people with a common religion, race, or profession; the scientific community; the holding of certain attitudes and interests in common; a group of interdependent plants or animals growing or living together or occupying a specified habitat⁶.

2. BACKGROUND

- 2.1 Mental illness is unique for each individual in the way it impacts on her/his life. Services need to be person centred and recognise an individual's right to independence, self-determination, dignity and respect.
- 2.2 The Government's modernising agenda, building on the social model of disability, challenges discrimination and promotes independence and access to universal services.
- 2.3 The White Paper 'Our Health, Our Care, Our Say: a new direction for community services', issued by the Department of Health in January 2006, provides a steer on the future of services.

³ Department of Health 2008, Carers at the heart of 21st-century families and communities.

⁴ Carers Act 1995.

⁵ Redcar and Cleveland Borough Council

⁶ COMPACT Oxford English Dictionary

The following are identified as outcomes which services should provide for those using them:

- Improved health
- Improved quality of life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination or harassment
- Economic well-being
- Personal dignity

- 2.4 The National Service Framework for Mental Health (NSF), published by the Department of Health, aims to raise standards of treatment, care and support across health and social care services for people with mental health issues. A review of the NSF 10 years on (2004) identified social inclusion as a priority for future work.
- 2.5 The Social Exclusion Unit Report, Mental Health and Social Exclusion 2004, identified adults with mental health issues as one of the most disadvantaged and socially excluded groups in society. The report identified a vision of a future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen.
- 2.6 The national carers' strategy – Carers at the heart of 21st century families and communities – recognises the importance of the role of carers and families and sets out a 10 year vision for what support for carers should be like by 2018.
- 2.7 Putting People First, a shared vision and commitment to the transformation of social care⁷ sets out the Government commitment to independent living for all adults. It outlines the shared aims and values which will guide the transformation of adult social care.
- 2.8 The Disability Discrimination Act 2005 outlines the duties of employers in promoting disability equality.
- 2.9 A joint agency strategic needs assessment and a health and well being strategy are under development in Gloucestershire.

3. THE PROFILE OF MENTAL HEALTH AND SOCIAL EXCLUSION

- 3.1 Nationally, mental illness has been associated with deep and persistent social exclusion:-

⁷ HMG et al 2007

- Mental health issues cost the country over £77 billion a year through care costs, economic losses and premature death
- Adults with mental health issues have the lowest employment rate for any of the main groups of disabled people
- Once a person has reached crisis point, it is more difficult to restore their employment and social status
- Social isolation is an important risk factor for deteriorating mental health and suicide
- Severe mental health issues are relatively rare, but impact on the lives of friends and family
- Depression, anxiety and phobias affect 1/6th of the population at any one time, with the highest rates in deprived neighbourhoods
- The prevalence of mental health issues in the criminal justice system is significantly higher than prevalence in the general population.
- People with schizophrenia, clinical depression and bi-polar affective disorder have higher rates of physical illness, much of which goes undetected. Areas of increased risk include coronary heart disease, diabetes, infections and respiratory disease.
- GPs spend a third of their time on mental health
- Prescription costs for anti-depressants have risen significantly
- There are significant variations in access to psychological therapies
- Mental health issues can have a significant impact on families
- Creating sustainable, inclusive communities is about everyone having a stake – including people with mental health issues.

3.2 Local Statistics

- Depression, anxiety and phobias affect an estimated 65,345 people in Gloucestershire aged 15-64. In addition, depression may affect between 10,429 and 15,644 people aged over 65 years in the county.
- There are around 1,980 people with probable psychosis in Gloucestershire.
- There are up to 21,386 men and 13,465 women with personality disorders in the county.
- There were 54 deaths from suicide and undetermined injury in the county in 2005, 1,176 admissions for self harm in 2005/6.
- The number of people aged 65+ with dementia in the county is projected to increase from 8,205 in 2008 to 8560 by 2013.

3.3 The Impact of Stigma

The stigma that accompanies mental illness has three components:-

- Ignorance (the problem of knowledge) – there is a pressing need to convey useful information about mental health both to the whole

population and to specific groups. Most people have little knowledge about mental illness and much of this is incorrect.

- Prejudice (the problem of attitudes) – fear, anxiety and avoidance are common feelings both for people with mental illness and the population at large.
- Discrimination (the problem of behaviour) blights life for many people with mental illness. Actions are needed to specifically redress the social exclusion of people with mental health problems by using measures such as the Disability Discrimination Act.

3.4 Multiple Experiences of Exclusion

Many people experience multiple forms of exclusion. This experience has been reported by young people and children (including young carers), older people, lone parents, homeless people, people with drug or alcohol dependency, people with personality disorders, refugees or asylum seekers, people from black and minority ethnic communities, people on low incomes and disabled people - people who have learning disabilities; people with sensory and visual impairments; people with physical disabilities. Rural and urban settings can also exacerbate exclusion. The strategy action plan will seek to address these issues.

3.5 Challenging Stigma to Achieve Inclusion

Empowerment is an antidote to stigma. People with mental health issues and their carers and families should be enabled to live a full life in terms of:-

- Housing and related support
- Employment
- Education
- Friends and family
- Arts and culture
- Sports and leisure
- Health and well being
- Access to services
- Faith and spirituality.

4. VISION FOR MENTAL HEALTH & SOCIAL INCLUSION

4.1 The multi agency vision for mental health and social inclusion in Gloucestershire is that public services will:-

“Work together to remove mental health inequalities and improve opportunities by engaging individuals, organisations and communities

in influencing decisions that will improve the quality of life of those with mental illness, their carers and families.”.

4.2 All public services will underpin our vision with the following working principles and organisational behaviour.

1. We will tackle stigma and discrimination and monitor our progress.
2. We will ensure that we understand the needs of individuals, families and carers, neighbourhoods and communities.
3. We will ensure that we understand what works in terms of social inclusion initiatives and share good practice.
4. We will focus on preventing illness and promoting health – as well as treatment and cure - by focusing on the early identification of potential problems and effective action to tackle them.
5. Empowerment is about people being in control of their lives. Through the necessary support structures, we will base our actions on the principle of handing over power to individuals and communities. We will also ensure that excluded and marginalised groups drive consultation, policy making and practice as experts by experience.
6. We will make integration a key principle of our approach to promoting inclusion, working together to tackle social exclusion.
7. We will ensure that everyone in receipt of mental health services has a comprehensive care plan tailored to their individual needs and that they have more choice.
8. Recovery is what people experience themselves, as they become empowered to achieve a meaningful life and a positive sense of belonging in the community. We will adopt the principles of the Recovery Approach to deliver mental health services.
9. We will ensure that we improve the health of everyone in Gloucestershire with a mental health issue, by addressing the underlying determinants of health.
10. We will promote equal and fair access to services.
11. We will work with local housing agencies to identify the needs of people with mental health issues. We will also look at ways of meeting those needs to ensure the early access of people with

mental health issues to suitable accommodation and related support.

12. We will address financial security by supporting people with mental health needs to maximise their income and life chances, through access to work and/or benefits advice.
13. We will ensure that service users, carers and families are supported to consider their own needs and are provided with appropriate information, advice, guidance and support where needed to enable them to make informed choices about their work, leisure and lifelong learning opportunities.
14. We will encourage and expect employers to become “well being workplaces”, empowering them to employ people with experience of mental health issues
15. We will monitor and review the effectiveness of this strategy and its working principles.

5. FROM STRATEGY TO ACTION

This strategy will only be effective if it is owned by key organisations and has community ownership of action plans. Work with LINK, voluntary and community organisations will be vital to this.

This can be achieved if each agency develops an action plan in response to the requirements of the strategy.

Action plans from each individual agency will be presented to the Social Inclusion Executive, so that there is mutual clarity about what is to be expected.

6. MONITORING

The strategy will be reviewed quarterly by an Action Planning Forum which will monitor progress with agency actions and report to the Social Inclusion Executive. The Social Inclusion Executive will review whether desired outcomes are being met and whether there are particular areas where further action is required, that has not emerged from individual agency engagement.

7. CONTACT

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