

**A Review of Community Mental Health Provision in Trafford:
The Promotion of Wellbeing**

April 2010

Chairman's Foreword:

I am pleased to present this report on behalf of the Health and Wellbeing Select Committee which details the findings and recommendations following the Committee's review into community mental health provision in Trafford. I would like to take this opportunity to thank all those who took part in the review, a list of which is provided in Appendix 1.

Throughout the review I and the Committee have considered detailed accounts from a range of stakeholders including citizens, Partners, service providers and council officers. What has been particularly encouraging is the extent to which links are being made between community involvement and positive mental health. Initiatives such as World Mental Health Day provide a valuable opportunity for citizens and service providers to engage with each other.

Whilst the Select Committee set out to find areas of improvement, excellent partnership working and best practice has been discovered, which has demonstrated the commitment that exists in Trafford to improve the ways we share intelligence with partners and had the effect of improving services.

The recommendations of this report provide practical measures to improve the way Trafford Council can support Trafford's citizens affected by mental health challenges.

Composition of the Select Committee:

Councillor J Lloyd – Chairman
Councillor P Young – Vice Chairman
Councillor D Acton
Councillor J Brophy
Councillor B Houraghan
Councillor P Lane
Councillor B Shaw
Councillor V Ward
Councillor K Weston

1. Introduction

1.1. All of us have mental health to look after. An estimated one in six people in England experiences mental health challenges at any one time (and at least one in four of us will experience a significant mental health setback in our lifetime).¹

1.2. The Committee found that people want more information about how to deal with mental health challenges in Trafford. They find it difficult to locate and negotiate through the myriad of discrete supportive opportunities available, and access the right support. They are often put off from seeking help at the first hurdle. Many cover up their distress because of the stigma associated with mental health challenges. Most just go to their GP when things get so bad that they feel they can't cope.

"There seems to be a reluctance to talk about mental health issues among communities." (Trafford resident – online mental wellbeing survey January 2010)

1.3. Mental health challenges can affect all aspects of a person's life, including having a significant impact on their physical health, their friends, family and carers, their finances, housing, employment and on the wider economy.

1.4. An estimated 30% of GP consultations have an underlying mental-health cause, many of which have a socio-economic basis, e.g. debt, family breakdown, trauma, bullying at work, etc. However, according to the Sainsbury Centre for Mental Health Policy, many GPs do not currently feel it is their job to help patients seek support to address those social risk factors.²

"Be open about mental health issues - they're more common than anyone realises." (Trafford resident – online mental wellbeing survey January 2010)

1.5. A recent report on wellbeing from the Department of Health estimates that 'depression at age 65 is linked with a 70% increased risk of dying early. As a risk factor for mortality, depression is estimated to be comparable to smoking.'³

1.6. New initiatives in Trafford and more widely are focused increasingly on the promotion of mental wellbeing. These initiatives take the assumption that giving people access to information and support to maintain their wellbeing in communities can improve people's capacity to cope with mental health challenges.

¹The Mental Health Foundation citation, Adult Psychiatric Morbidity in England, 2007: Results of a household survey, [The NHS Information Centre](#) (2009)

² The prevalence of what is classified as severe and enduring mental illness is less than 1 in 100 according to the Sainsbury Centre for Mental Health Policy Paper 8 December (2007)

³ New Horizons: Confident Communities, Brighter Futures: A Framework for Developing Well-being (March 2010)

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- 1.7. A benefit of this approach is that people are not routinely 'medicalised' when they may be better supported in other ways than by being offered only medication and/or brought within the remit of formal clinical or social services settings.

"It would be useful to employ more mental well-being advisors simply to listen to people's problems. It is so helpful simply to talk to someone and that person does not need to be an expensive medical professional."
(Trafford resident – online mental wellbeing survey January 2010)

- 1.8. Trafford Council and Trafford Primary Care Trust have developed joint plans focused on improving the mental wellbeing of Trafford's Communities. The Committee has developed recommendations which are designed to complement the recommendations of the 'Trafford Council Adult Social Services working in partnership with Trafford Primary Care Trust: Joint Review of Mental Health Services', March 2009.
- 1.9. In this review, the Health and Wellbeing Select Committee considers how Trafford works to achieve the best outcomes from improving access to support and information about mental wellbeing. It presents an understanding of good practice in Trafford and more widely. It also makes recommendations focused on promoting mental wellbeing and preventing and addressing mental health challenges.
- 1.10. It is impossible for a broadly-scoped project such as this to consider the range of issues and disciplines in the same detail as the more focused work of individual partners. Rather, the insights of scrutiny reviews should be seen as complementary; providing a fresh look from their unique perspective; challenging existing thinking; and providing signposts to the most important issues and to promising approaches.
- 1.11. The review presents a framework for more detailed analysis and policy development by partners. Therefore, the review is not intended to be a full audit of mental health services in Trafford.

2. What is mental wellbeing?

- 2.1. In order that clarity is achieved about the focus of the review it is necessary to present an understanding of the terms 'mental health challenges' and 'mental wellbeing'. A number of organisations have framed definitions, which will be of assistance in presenting descriptions of the terms used:
- 2.2. Foresight.gov.uk defines mental wellbeing as:

"A dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their economy. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society." *Foresight report 2008*

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2.3. The Department of Health emphasises the significance of mental well being:

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity.”

2.4. The Frontier Psychiatrist, however, presents a caveat to certainty in terminology, pointing out that there is no agreed definition of mental ill health;

“There is no clear cut off point between mental disorder and mental health; indeed one person’s mental health, might be another’s mental disorder” frontierpsychiatrist.co.uk; *Mental Health for the Masses* (July 6 2009)

2.5. The term 'mental health challenges' clearly encompasses a range of experiences and situations. Any definitions applied can be neither too prescriptive nor definitive, and it is acknowledged that individual perception and subjectivity apply.

2.6. The review will, therefore, utilise the terms 'mental health challenges' as referring to the broad spectrum of the type of emotional and mental health problems and 'mental wellbeing' as referring to both 'good' mental health and a sufficient level of inner resources to cope with challenges.

3. Aims

3.1. **The review aims to:**

- Understand current provision across Trafford for promoting mental wellbeing in communities, addressing mental health challenges and reducing the associated stigma.
- Identify how information and support are provided and accessed and understand factors affecting the early detection of and intervention to address mental health challenges in Trafford.
- Identify good practice in Trafford (and more widely), in particular, how mental wellbeing is promoted across the Borough.
- Make recommendations which are designed to complement the recommendations of the 'Trafford Council Adult Social Services working in partnership with Trafford Primary Care Trust: Joint Review of Mental Health Services', March 2009.

4. Summary of recommendations

4.1. The Committee found a range of innovations in the area of community mental health provision in Trafford. More than ever before, people in Trafford have the opportunity to take up activities to improve and maintain their mental wellbeing and become involved in their communities.

4.2. Voluntary sector and government agencies in Trafford are increasingly working together and there are significant opportunities to build on this joined up approach. It is necessary to ensure that the excellent innovations partners are developing are viewed through the lens of Trafford residents, (from the perspective of the individual, rather than the organisation) who will benefit significantly from an approach which puts them at the centre of commissioning.

4.3. **Recommendation 1: Providing 'signposting' and information**

- a) **Commissioners and providers are encouraged to** work together and ensure that supportive information services in the community and online are considered jointly from the perspective of the customer;
- b) Improve access to information in the community offering support and advice about dealing with mental health challenges for people who do not have access to the internet; and,
- c) Link and share information about the outcomes of the 'Improved Access to Psychological Therapies' initiative and social prescriptions on the impact of presentations to GPs about mental health challenges, on waiting lists for psychological therapy.

4.4. **Recommendation 2: Promoting mental wellbeing**

- a) **Commissioners and providers are encouraged to** increase awareness about opportunities for volunteering among Trafford residents, ensuring resources are focused on people becoming involved and remaining connected throughout their life course; and,
- b) Develop a strategic and coordinated approach to promoting the mental wellbeing of employees of the members of Trafford Local Strategic Partnership, beginning with Trafford Council.

4.5. **Recommendation 3: Helping people when their mental wellbeing is challenged**

- a) **Commissioners and providers are encouraged to** support the advisory role of GPs for patients at risk of mental health challenges when they present with other symptoms or where an underlying circumstance may indicate risks to mental wellbeing, offering GPs the resources to provide preparation, bridges and support for difficult life transitions;
- b) Ensure that liaison takes place with GPs to identify what they need to have in place to facilitate 'social prescriptions' to sign post patients to agencies that can provide tailored support and advice. We suggest that this is through the GP leads; and,
- c) Ensure people are signposted when they face particular life circumstances or challenges and provide access with no 'dead ends' or 'wrong doors. This

recommendation is premised on the principle that every door in the mental health system should be the 'right' door and where each provider within it can address the range of needs wherever and whenever someone presents for care.

4.6. **Recommendation 4: Acceptance of mental health challenges is a concern due to the stigma people often face. There is an opportunity to address and challenge stigma.**

- a) **Commissioners and providers are encouraged to** hold a positive anti-stigma campaign linked to raising awareness about achieving and maintaining mental wellbeing.

5. In scope

- 5.1. People living or working in Trafford aged over 18 who are not currently being supported by specialist social or clinical services. They may have consulted their GP and may be on a waiting list for therapy or counselling services.

5.2. Out of scope

- **Child and adolescent mental health services:**
- The review focuses on the 18 and over age group so that recommendations are developed which are specific to the management of their mental wellbeing, in the community, by people who have reached majority. Over 18s form the focus of the review because they are free to be selective and self directed in their approach to their mental wellbeing and any mental health challenges they face; even those which may have originated in childhood. Child and Adolescent Mental Health Services are, therefore, outside of the scope of the Review.
- **Conditions which fit within the umbrella term of dementia:**
- A number of national strategies specifically relate to dementia, indicating that this area is best served by separate attention from the broader spectrum of mental health challenges. The Committee wishes to reflect the policy focus taken by national strategies with specific focus on dementia. In addition, the review does not focus on the severe progressive impairment of mental function, commonly associated with dementia (whilst acknowledging that some mental health challenges can impair mental function).
- **Severe and enduring mental health conditions:**
- The review focuses on the availability of support in the community for people with mental health challenges which are not, at the time of presentation being addressed through the involvement of specialist social and/or clinical services. The focus of the review assumes as its limit the point at which referral to specialist clinical and or social services to address mental health problems is made or resumed.

6. Specific life circumstances affecting mental health

- 6.1. Certain life events and situations have been identified by a number of voluntary sector and government agencies as potentially making people more vulnerable to mental health challenges.
- 6.2. It is also recognised that disabled people; gay, lesbian and bisexual people; Deaf people, people from minority ethnic groups and transgender people can face additional circumstances which can potentially make them more vulnerable to mental health challenges.
- 6.3. The review acknowledges that a range of different factors can impact people's mental wellbeing; that people can delay in seeking help. It is also acknowledged that clear links have been made between discrimination and challenges to mental wellbeing.
- 6.4. The review does not focus separately on different factors and life circumstances individually, as its recommendations apply universally. A range of policy documents and resources has been compiled, however, signposting further information in relation to some of the circumstances identified, included as an **Appendix 1** to the full report.

7. What is the level of need in Trafford?

- 7.1. Bringing together information and data for the review has not been a simple task. In some areas, data and information are not collected - often for sound reasons of maintaining open access and removing barriers to self directed support. (Many people self refer to voluntary sector agencies in the Borough, such as blueSCI, which has an open door policy and does not, therefore, enquire about people's reasons for attending. blueSCI does, however, record numbers accessing its services and the type of services they access.) In addition, data and information are not collected currently on the level and take up of non-medication GP prescriptions, known as 'social prescriptions.'
- 7.2. Assessing the level of need has presented an opportunity to recommend that information is brought together about the range of initiatives focused on understanding the early detection of and intervention to address mental health challenges in Trafford. In particular, there is an opportunity to improve ways of assessing how information and support are provided and accessed, and how effective the range of initiatives are; (without, of course, placing barriers on people accessing help they need, in whatever form they are comfortable with).
- 7.3. It is noted that challenges to mental health can escalate and early access to psychological therapy or other support such as social prescriptions is effective (where appropriate) in supporting people to recover, improve and maintain their sense of wellbeing.

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- 7.4. Working with Trafford Council, blueSCI is running a mental health personal budget pilot which finishes in summer 2010. The pilot is for people over 18 who live in Trafford and have had a care coordinator or care manager in the last five years. They may be entitled to a 'one off' personal budget of up to £300.00 to put their ideas into practice for self directed support with their mental health. This initiative will provide useful data about what people choose to improve their mental wellbeing.
- 7.5. The table presented below⁴ shows that Trafford is in the high range of predicted number of individuals with common mental health challenges at 20.6% of the 16 to 74 age group as opposed to the predicted 16.4% of the same age group in England. Salford and Manchester have 22.8% and 26.3% respectively with Stockport at the lowest with 20.1%.

Table 1. Mental Health Needs Index: predicted number of individuals with common mental health challenges such as anxiety, depression, panic disorder: AGMA Group 2008

| Local Authority | Estimated Cases | Estimated % 16 to 74 age | National High Medium Low |
|-----------------|-----------------|--------------------------|-----------------------------|
| Bolton | 39261 | 20.8% | H |
| Bury | 26840 | 20.3% | H |
| Manchester | 88397 | 26.3% | H |
| Oldham | 32976 | 21.2% | H |
| Rochdale | 32015 | 21.6% | H |
| Salford | 36357 | 22.8% | H |
| Stockport | 41008 | 20.1% | H |
| Tameside | 32956 | 21.1% | H |
| Trafford | 31487 | 20.6% | H |
| Wigan | 45389 | 20.1% | H |
| Total | 39261 | 20.8% | H |
| England | 47931 | 16.4% | M |

- 7.6. It is recognised that waiting lists for psychological therapies are too long in Trafford. At the time of writing (April 2010), there is an average of 56 weeks for high intensity psychological therapy. The Improved Access to Psychological Therapies (IAPT) initiative aims to address waiting lists, with no-one in Trafford waiting more than 18 weeks for high intensity psychological therapy services.
- 7.7. The Improved Access to Psychological Therapies (IAPT) initiative also offers computerised cognitive behavioural therapies for Trafford residents and high numbers of people are accessing them. An average of 1100 people is referred each quarter for psychological therapies.

⁴ Source Association of Public Health Observatories; Mental Health Toolkit 2008

“When I visited my GP I was referred for therapy, the letter advising me to make an appointment came 6 months after I was referred. There should be more help in the community to avoid these delays.” (Trafford residents – online mental wellbeing survey January 2010)

- 7.8. The anticipated reduction in waiting times for low intensity and also, by definition, progression to high intensity Psychological Therapies through the IAPT initiative is anticipated to be (Figures are awaited from PCT) by...

8. Our approach

- 8.1. Bringing people together to identify the solutions that they want and that work for them; the review was grounded in the perspectives of local people and representatives from local organisations. People with direct, personal experience of mental health challenges participated in the review, offering their perspectives. In particular, their views were gathered on their experiences of support and intervention in Trafford, where they felt gaps existed and where improvements could be made.
- 8.2. Linking the review with provider and partner initiatives has been central to the review, which was focused on aligning with the priorities of the ‘Trafford Council Adult Social Services working in partnership with Trafford Primary Care Trust: Joint Review of Mental Health Services’, March 2009 and making recommendations which support and enhance the action plans in the Joint Review 2009 (please refer to **Appendix 2** of this report.)
- 8.3. **Community engagement and information gathering**
- 8.4. An anonymous online survey was hosted on the Trafford Council website from 9 November 2009 to 10 January 2010. The survey was promoted in Trafford Today (the free newspaper from Trafford Council - distributed to all households in Trafford), the Voluntary Community Action Trafford newsletter, Old Trafford News, Asian Leader, Gaydio radio station and via publicity cards placed in leisure centres, libraries, at neighbourhood forums and for Committee members to hand out in their wards.
- 8.5. Our survey returns provided valuable information. We received 88 returns of our anonymous online survey, which although may not be considered as a sufficient sample size of Trafford’s population provide an indication of people in Trafford’s views and experiences. No fields were made compulsory in the survey in order that people were not put off from participating.
- 8.6. Questionnaires, tailored for individuals and organisations were handed out to visitors at an event to celebrate World Mental Health Day in October 2009, attended by some 300 Trafford residents, completed by members of the New Way Forward User Group and sent to organisations working in the area of mental health.

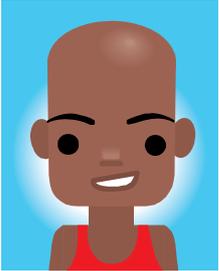
- 8.7. As a result of attending events and user groups focused on mental health, 32 in-depth questionnaires from a range of individuals and organisations were received.
- 8.8. A fuller analysis of our survey and questionnaire responses may be found in **Appendix 3**.
- 8.9. Councillors were given checklists to complete when out and about in their wards to list information sources about finding help and promoting mental wellbeing.
- 8.10. **Commissioners and Providers**
- 8.11. We sought the views of, and talked to providers and commissioners, voluntary sector and government agencies in Trafford including Trafford Primary Care Trust, blueSCI, New Way Forward, Trafford Council Adult Social Services, Healthier Trafford Partnership and Trafford Diverse Communities Forum.
- 8.12. A full list of voluntary sector bodies we sought the views of through our questionnaire may be found in **Appendix 4**.

9. What happens when you look for help: the story of a possible mental health journey in Trafford

- 9.1. To bring to life some of the findings of this review, we present here a story of fictionalised Trafford residents’ experiences of seeking help with their mental health. It is crafted from the findings of the research carried out by councillors and staff; through meetings, visits, desk based research, internet searches, event attendance, surveys, questionnaires, walks around the borough and telephone calls.

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| <p>Feeling ‘ok’</p>  | <p>How are we given information to help us maintain good mental health?</p> <p>Saira has not come across anything much out and about in Trafford, either in the form of posters, leaflets or booklets. She would have read through material about maintaining and improving mental wellbeing with interest at her GP surgery when visiting for a holiday vaccine. Saira would also have stopped to read advice on a poster at her workplace, given the chance.</p> <p>She has a number of good ideas she could offer: Exercise and green spaces; keeping active, hobbies, learning; maintaining relationships, being sociable; involvement in the community; eating well and keeping off alcohol and drugs.</p> <p>After reading an article in the national press about new initiatives</p> |
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| | to promote mental health and wellbeing, Saira felt this information should be promoted in the community, for instance in medical centres, libraries, at leisure centres and even in shopping centres. |
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| <p>Feeling under par and seeking information</p>  | <p>What information is readily available about recognising if your mental health is feeling fragile? How do we like to receive information?</p> <p>A combination of circumstances is challenging Andy’s usual resilience: his father died after a long illness, work changes are causing stress and his family’s finances are affected by the recession.</p> <p>He knows he’s not feeling right but no-one connected with his father’s death, his work place or the economy is offering any help, neither has he asked for any. He’s never come across any information that helps judge what is ‘normal’ and what is a situation requiring help, so he’s a bit lost and confused.</p> <p>From <i>The Place Survey</i> we know that people like information to go to them, rather than having to seek it out. Newsletters through the door are rated. Other than Old Trafford News, the free Trafford newspapers do not cover any support or articles around mental wellbeing, difficulties or support services.</p> <p>Andy had a flick through his free local papers but found more advertising for commercial services than anything else. Some of his (national) magazines had some articles on depression and the like, but these issues and local services weren’t covered in the Trafford newspapers.</p> |
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| <p>Thinking about needing help</p>  | <p>Where do we look for help?</p> <p>Finding little joy in anything she is doing, and feeling anxious about things that she wouldn’t normally have given a second thought to, Ella thinks she may be suffering from depression and wonders what to do. She doesn’t really want to talk about how she’s feeling to people at work or acquaintances and neighbours, in case they label her as ‘mentally ill.’ After a chat with a close friend, she’s considering these options:</p> <ul style="list-style-type: none"> • Finding help for herself in the community – but she doesn’t see any information in community centres or leisure centres when she’s out and about, she goes to the library and browses through the shelves to find books about mental |
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| | <p>health, but is unsure where to start</p> <ul style="list-style-type: none"> • Going to her GP – although she’s a bit worried about taking anti-depressants and she didn’t see any posters or information about mental health when she visited her GP to renew her mum’s prescription. • Looking for information on the internet - this would keep things private. |
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| <p>Getting help</p>  | <p>Using the internet</p> <p>Mo uses the internet regularly to access information [70% of households have internet access and 73% of people use the internet almost every day] so this is his first port of call.</p> <p>Feeling low about his divorce he typed <i>depression</i> and <i>anxiety</i> in to his search engine and found some useful general information about symptoms and coping. As there was a recommendation to seek help from an organisation, or find counselling, he refined his search to include Trafford.</p> <p>Voluntary sector and self-help organisations did not have a high profile and Trafford organisations were often superseded by seemingly random commercial organisations and services in other boroughs. Similar searches for Manchester and Salford produced more useful results [eg www.mhim.org.uk].</p> <p><i>Bolton, Salford and Trafford Mental Health</i> NHS Trust had quite a high profile but did not offer particularly useful information on local services relevant to him. A few months later he did a similar search and found a new website called the Trafford Wellbeing Directory which looked really promising [www.traffordwellbeing.org.uk]. Although the introduction about Stepped Care was a bit daunting, other information and the directory were helpful.</p> <p>His friend suggested looking at the main Trafford websites as they might have information and links so he tried these ‘big’ ones:</p> <ul style="list-style-type: none"> • Trafford Council; Typing ‘Trafford Council’ ‘depression’ and ‘anxiety’ in the search engine led to the message: ‘Sorry, page not found.... Typing ‘mental health’ in the Trafford Council search box brought up committee reports, nothing in the online A-Z, whilst the ‘Community Groups’ page offered mixed results. • A subpage of the new ‘MyWay’ website; Trafford Council’s directory of Adult Social Care in Trafford, provides information about support in Trafford, but Mo only found it because someone mentioned it to him, not by searching |
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| | <p>online.</p> <ul style="list-style-type: none"> • Out of interest, he looked at several other local authority websites and found most considerably more helpful, many offering a simple page of information and signposting around mental health issues. • Trafford PCT and blueSCI have jointly established the traffordwellbeing website and Mo thought it would be good if the traffordwellbeing website would appear as a result of a search of general terms relating to Trafford, anxiety and depression. • DisabledGO is a new national website with localised database by borough. Except there's virtually nothing in it for Trafford and the <i>mental health</i> entry is empty as are most others. www.disabledgo.com/en/org/trafford-council. • Voluntary and Community Action Trafford is the main voluntary sector umbrella body for Trafford. Its 'web links' page is focused on services for voluntary sector organisations, rather than offering a directory of all voluntary sector groups in the borough. <p>Mo felt that websites with a database of support services should make it clear whether services are local or national and also ensure the relevant classification of information.</p> <p>Sometimes only very loosely relevant organisations came up on database searches, or organisations that were not based in Trafford. He thought it was a pity that some really good organisations' websites weren't coming up in general web searches. He also thought it a missed opportunity that they didn't link to each other.</p> |
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| <p>Going to the health centre</p>  | <p>What happens at the doctor's?</p> <p>Winnie is feeling really tearful a lot of the time and finding it difficult to cope with day-to-day tasks. She decides to visit her GP.</p> <p>She is encouraged that her doctor doesn't immediately prescribe anti-depressants, but talks over a range of options including medication, social prescriptions, referrals to the crisis team if her situation worsens, counselling, as well as some self-help pointers. He also recommends that she speak to the Citizens Advice Bureau about her worries about the family finances and debt.</p> |
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| | <p>Like many of the respondents to our survey, Winnie feels a positive reliance on her doctor, but is concerned about the impact on her condition by the waiting list for counselling. She really wants someone to talk to - now. And during the early hours she wakes up and can't sleep, but there doesn't seem to be any help for this.</p> |
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| <p>Looking elsewhere</p>  | <p>Approaching community organisations</p> <p>Armed with a prescription for an anti-depressant and now on a waiting list for Cognitive Behavioural Therapy (CBT) counselling, Tony is taking two weeks off work. He wonders what he will do with himself during the wait for the pills to kick in and his place to come up on the list – this could take six months to a year. And is CBT really a magic wand? Waiting at the bus stop he spots an advert on a passing bus, it says “Be creative, feel good”. There’s a website address and a phone number.</p> <p>At home he decides to look at the website, but it just directs him to a ‘phone number so he calls to see how they can help him. The lady is very and helpful, telling him about some organisations that help people like her. She mentions blueSCI in Trafford and New Way Forward in Sale.</p> <p>Tony has not heard of these organisations – they did not come up on his internet search. He visits both websites and finds them attractive, informative, welcoming and user friendly.</p> <p>He tries New Way Forward who are friendly and welcoming and put a leaflet in the post about their range of activities. He decides to try blueSCI again and is really pleased the phone is answered by a very friendly and welcoming person who invites him to have a cup of tea and a look round. She also offers to put some activities in the post. There’s a lot to choose from with both organisations and Tony signs up for some music classes and looks forward to meeting new people who understand how he is feeling.</p> |
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Evidence and Recommendations

Recommendation 1: Providing 'signposting' and information

The Committee found that there is little information in communities about maintaining and recovering mental wellbeing and that the range of initiatives which are available, are not easy to find.

Trafford residents told us in our questionnaire and online survey about providing signposting and information:

'Use local, especially free papers more. Services to help people with mental health problems need to be promoted in the community and readily available.'

'Advertise help lines and advice centres in free newspapers and on public transport.'

'More information could be presented on how to deal with stress, a better culture in communities and workplaces that encourages people to seek help and support and not to have to cope with things alone when they feel they are unable to.'

'Networks - there are good ones but maybe even better links to be made. Isolation is a big problem in society.'

Our online survey asked people if they had seen information about where to get help with mental health concerns in public places such as libraries, leisure centres, GP surgeries, religious buildings, at work, in schools and other community places. 39% had not seen anything. Of those who had seen something, 84% saw information at their GP surgeries. Very few had seen information in their workplace.

Trafford partners told us: The network of services in Trafford is increasing and becoming more well known. A new generation of web based information services with a mental health focus or element is available, for example Trafford wellbeing, disabledgo, myway and cultureonline. However, there is an opportunity to advertise services more widely in Trafford and to link the social, physical and mental aspects of health.

In conclusion: Information is not perceived by people as being widely promoted and available in the community, or it is available in a fragmented way.

Trafford residents have requested general awareness-raising in the community. We found that there are some very helpful developments which provide a wide range of information but they are not easy to find. It is necessary to provide and promote a linked resource in the community of information which is easy for people to find and refer to. The new generation of web based information services with a mental health focus or element is to be welcomed, however, there is a need to ensure that they link to the other online resources available and are also made available in

formats accessible to people who do not have access to the internet.

Understanding the level of need and the effectiveness of the various initiatives is not easy, and there needs to be a clear and comprehensive mechanism in place for commissioners from all the relevant partnership organisations to understand how effective they are.

a) Improve access to information in the community offering support and advice about dealing with mental health challenges for people who do not have access to the internet;

- Trafford Council and Trafford PCT are encouraged to ensure information is publicised in facilities such as leisure and community centres, libraries and medical centres (this list is not exhaustive). Trafford Today should be utilised to publicise mental wellbeing. Partners are encouraged to consider following Bolton's example of producing a paper directory of mental health resources.

b) Commissioners and providers are encouraged to work together and ensure that supportive information services are in the community and online are considered jointly from the perspective of the customer;

- In relation to website development, it is recommended that the resources available on individual websites are joined up or that links are created between them. Websites should also be 'optimised' so that they can be found through common search terms such as 'anxiety', 'depression', 'mental health', 'Trafford.'
- At the least, website commissioners in the area of mental wellbeing, in particular 'traffordwellbeing.org.uk', the developing 'Quickheart' website and 'iloveme', the website of the Association of Greater Manchester Primary Care Trusts, where they refer to mental wellbeing, should reference and link to each other.
- By agreement with the commissioners involved, one such website should include a directory of community events and activities focusing on positive engagement and involvement, interests, creativity and connectivity, presented as a calendar, map or timetable, perhaps linking with cultureintrafford.org.

c) Link and share information about the outcomes of the 'Improved Access to Psychological Therapies' initiative, the Joint Needs Assessment and social prescriptions on the impact of presentations to GPs about mental health challenges and on waiting lists for psychological therapy.

- Information about take up of all these initiatives should be brought together in order that assessment can be made about their effectiveness.

This approach would benefit Trafford residents and communities who do not have access to the internet and also Trafford residents communities, employees and employers by offering a potential public sector cost saving by people being directed effectively to the support they need and the potential for them to 'self manage' their mental wellbeing.

Recommendation 2: Promoting mental wellbeing

The Committee found that the level of promotion of mental wellbeing in the Borough is low but that there is the opportunity to promote the mental wellbeing benefits of a range of activities and initiatives to publicise the need for people to look after their mental wellbeing

Trafford residents told us in our questionnaire and online survey about promoting mental wellbeing:

'Promote voluntary work in the community, giving the opportunity to meet people suffering similar mental problems as they understand.'

'Council organisations should promote a 'helping combat loneliness' initiative.'

'Promote how to recognise early symptoms and point to sources of help at that stage.'

'Workplaces should be made more aware of issues and be used to promote information about how to spot signs and what to do.'

Our survey shows that it is not surprising that 34% of respondents to our online survey said they would go exclusively to their GP for help because there is very little information about promoting mental wellbeing and support for mental health challenges; 85% would go to GP and seek help elsewhere. An interest was also shown in online support and self-help books.

Trafford partners told us: There is a need to break down barriers between mental health, social wellbeing and medical healthcare. There needs to be greater awareness about the impact of mental wellbeing on physical health and there is an opportunity for people to be educated in maintaining their mental wellbeing. Trafford Primary Care Trust is developing the 'five a day' approach to mental wellbeing similarly to the five a day for physical wellbeing which has previously been established.

In conclusion: Promotion and prevention first; through provision of a range of services that are delivered in an accessible manner in communities. It is a good idea not to label initiatives but just to provide them. The workplace represents a significant opportunity to promote mental wellbeing and inform people about how to spot signs. A much higher number than expected of respondents to our questionnaire, survey and partners asked for support and information in the workplace.

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a) Increase awareness about opportunities for volunteering among Trafford residents, ensuring resources are focused on people becoming involved and remaining connected throughout their life course.

- Trafford Local Strategic Partnership members should develop Trafford's time bank and volunteering strategies as a centralised Trafford Partnership led resource so that they have a unified brand, higher profile and dedicated ownership for their implementation and effectiveness, by the Local Strategic Partnership.
- The opportunity should be taken to promote the broad spectrum of developing and maintaining mental wellbeing in the community as well as how people can manage mental health challenges, in one online resource, either by linking up current websites or by creating a directory homepage for them.

b) Develop a strategic and coordinated approach to promoting the mental wellbeing of employees of the members of Trafford Local Strategic Partnership, beginning with Trafford Council.

- Councillors, chief executives, board members, human resources directors and senior managers should pilot a year of promoting mental wellbeing at work for employees of members of the Trafford Local Strategic Partnership, beginning with Trafford Council. This approach should integrate the promotion of mental wellbeing into all policies and practices concerned with managing people, including those related to employment rights and working conditions.
- There is an opportunity to derive cost efficiencies by basing the initiative on the National Institute of Clinical Excellence publication, 'Promoting mental wellbeing through productive and healthy working conditions: Guidance for employers,' November 2009.

This approach would benefit Trafford residents through becoming more connected with their communities, reducing isolation and resulting in greater neighbourhood support networks. The approach should also benefit Trafford employees in helping them remain in work and Trafford employers in reduced sickness absence, being an employer of choice, reduced staff turnover and concomitant cost savings.

Recommendation 3: Helping people when their mental wellbeing or that of someone close to them is challenged

The Committee found that there is little information in communities about addressing mental health challenges and that the range of initiatives which are available, are not easy to find.

Trafford residents told us when we asked where they would go for help if their mental wellbeing or that someone close to them is challenged:

'I thought that access to mental health services was only via my GP. There is no point in promoting these services if we, the public have to go through your highly paid 'Gate Keepers' who themselves seem to be under considerable pressure from the PCT to restrict access to these same services due to financial constraints.'

'I think GPs are good at supporting people with mental health issue and generally tolerance for care in the community is better. I strongly feel counselling needs to be more easily accessible as if this could be provided in a more timely way then some serious problems could be avoided in future.'

'A community based project that could bring the service providers and people together could help to support many people. Local people with experience of working with people in these situations would be the best providers of this type of facility as those who are the most vulnerable in the community are those who have little trust in outside agencies. In using local people with experience a bridge could be built to bring the two together and improve the lives of so many.'

'Access to debt management information.'

'Information prescriptions could be improved.'

'I have found waiting times in the past have been too long to see someone to talk to which meant I got worse in the mean time. It seems that no matter how big the cry for help no one seems to listen quickly enough.'

'Support groups are a good idea but it's difficult finding one close to where you live as travelling is sometimes a trauma if you are not well.'

'A more holistic approach to recovery with family, friends and work involved.'

34% of respondents to our online survey said they would go exclusively to their GP for help; 85% would go to GP and seek help elsewhere. 13% would seek counselling as well as other help and of this number women were more likely than men to seek counselling. Only 1% would seek counselling only. An interest was also shown in online support and self-help books.

Trafford partners told us: Medication has its place and it can help people where appropriate and can also be used in conjunction with other support. Clear demarcated services are available but there are very long waiting lists and referrals can be refused due to demand. Partners should prioritise preventing mental illness and promoting mental wellbeing as a community initiative. Support networks should be available for all for social support and advice. The Improved Access to Psychological Therapies initiative is aimed at helping people manage their mental health challenges in the community and at bringing down waiting lists.

In conclusion: Overall there is a fairly positive assessment of mental health services from the point of view of organisations working in the field and a number of comments note improvements over recent years. People want more information about how to deal with mental health challenges in Trafford. They find it difficult to locate, negotiate through the myriad of separate supportive opportunities available and access the right support; they are often put off from seeking help at the first hurdle. Many cover up their distress because of the stigma associated with mental health challenges. Most just go to their GP when things get so bad they feel they can't cope. There is a clear need to understand better how new initiatives to help people when their mental health is challenged are being accessed and how effective they are.

- a) **Support the advisory role of GPs for patients at risk of depression and anxiety when they present with other symptoms and where an underlying circumstance may indicate risks to mental wellbeing. Offer GPs the resources to provide preparation, bridges and support for difficult life transitions.**
- GPs are well positioned to provide a range of signposting when patients present with underlying mental health concerns or when they face circumstances or challenges which may compromise their mental wellbeing. There is an opportunity for Trafford Primary Care Trust and Trafford Council to support GPs to direct patients to the right advisory support or resources, for example, when debt links with depression and physical illness, signposting to the Citizens' Advice Bureau should be offered, or to a bereavement helpline when someone close dies.
- b) **That liaison takes place with GPs directly to identify what they need to have in place to facilitate 'social prescribing' to sign post patients to agencies that can provide specific support and advice. We suggest that this is through the GP leads. (Social prescribing is about linking people up to activities in the community that they might enjoy and benefit from.)**
- There is an opportunity for Trafford Primary Care Trust and Trafford Council to develop the initiative for GPs to make effective social prescriptions, connecting people to non-medical sources of support within the community. (In particular, the online and paper directories described in Recommendation 1: A and B

should be sufficiently up to date and comprehensive to support this recommendation.)

c) Ensure people are signposted when they face particular life circumstances or challenges and provide access with no 'dead ends' or 'wrong door'. This recommendation is premised on the principle that every door in the mental health system should be the 'right' door and where each provider within it can address the range of needs wherever and whenever someone presents for care.

- Trafford Primary Care Trust, Trafford Council should ensure that advice and information are joined up and clear so that people are not put off at the first hurdle if they need redirecting to another resource. (The online and paper directories described in Recommendation 1: A and B should, in particular, offer a welcoming first point of contact that eliminates convoluted pathways to support.)

This approach would benefit Trafford residents, communities and Trafford health care providers, offering a potential public sector cost saving resulting from people being more connected with their communities, less isolated and better equipped to access a range of self directed and non medical support.

Recommendation 4: Acceptance of mental health challenges by people who are becoming unwell is a concern, in many cases due to the stigma which people often face. There is an opportunity to address and challenge stigma.

The Committee found that there is little information in communities about reducing the stigma associated with mental health challenges.

Trafford residents told us in our questionnaire and online survey about discrimination and stigma:

'Increase awareness and perception of mental health issues to reduce the stigma attached, for instance by having well-known suffers discuss it.'

'Be encouraged to talk about mental health and for it to be less taboo to experience breakdown in mental health. Use positive examples of people who have experienced mental health breakdowns.'

'There is still too much stigma attached to mental health issues, people need to know that there is help and it's okay to need help.'

'Show that people from all walks of life get mental health problems, and they are health problems like any other. I have been unable to tell my current employer my health problems because of the shame and stigma surrounding mental health

problems. I didn't tell my own mother for years and I am a former nurse married to a doctor.'

'Regular drop-ins for counselling where you don't need an appointment or to give your name or details, and more talking therapy services offered.'

'Mental health issues should be 'normalised' as an illness that cannot be avoided but can be treated.' 'Self help groups without any stigma attached.'

'People should be taught about mental health problems in work and at school. This will allow people from a young age of how to deal with people with mental health issues and create greater understanding which will take away some of the stigma attached to having a mental illness.'

Our online survey asked people if they or someone they knew had experienced discrimination in relation to their mental health. Although 44% of people did not say that they or someone they knew had had experienced discrimination, 56% felt that they or someone they knew had been discriminated either at work, in the community, dealing with official bodies or by friends or family. 10% had experienced discrimination at work only.

Trafford partners told us: Services and information provision should run from 'non-institutional' venues such as supermarkets to combat stigma. Addressing stigma is a huge task in Trafford and beyond, and no single agency can end discrimination and stigma.

In conclusion: Trafford partners should work together to address the issue of people with mental health challenges feeling stigmatised. Messages should be developed which normalise mental health challenges and give an understanding of their prevalence. These messages should not be found in conventional places associated with health, but in the places people visit routinely. There is an opportunity to celebrate the rich diversity of the Borough and its personality, so that people feel comfortable in their individuality, as a means of reducing isolation and discrimination.

a) Hold a positive anti-stigma campaign linked to raising awareness about achieving and maintaining mental wellbeing

- Trafford Local Strategic Partnership members should hold a campaign focused on valuing the unique sensibilities of the human experience from a 'Trafford' perspective, consider developing a 'Trafford mind map' celebrating the diversity, character and individuality of Trafford voices, signposting all the opportunities to participate and remain connected. Commissioners should also develop messages based on emphasising how prevalent mental health challenges are.

This approach would benefit Trafford residents and Trafford communities by facilitating diverse and inclusive community support networks which would support people in resisting isolation when they face mental health challenges and help them to seek support without fear of stigma. The approach would also represent a

potential cost saving in preventing people from seeking help until their condition escalates to become more severe and enduring.

10. Conclusion

- 10.1. A lot of innovative work is being undertaken in the area of community mental health provision in Trafford. As the Committee has noted, more than ever before, people have the opportunity to become involved in their communities. Links are being made between community involvement and health benefits, with the result that improvements are being observed in individual and community mental wellbeing and mental capital.
- 10.2. Assessing the level of need for the purpose of the Review has not been easy but has presented an opportunity to bring together evidence and data to understand the effectiveness of the range of initiatives in the area of early detection and intervention to address mental health problems and how support is provided and accessed in Trafford.
- 10.3. There is a significant opportunity for Trafford partners to boost volunteering in the Borough via a centralised strategic volunteering strategy, owned and implemented by the Local Strategic Partnership, and to adopt a similar approach to the emerging time-banking scheme covering all aspects of volunteering and interests.
- 10.4. There is also an opportunity for putting information, resources, activities and opportunities for tackling social isolation in the right place, in the right formats with no 'dead ends' or 'wrong doors'.
- 10.5. There are significant opportunities to join up provision in the area of the promotion of mental wellbeing and ensure that the services available are;
 - tailored to the perspective of the customer; and
 - that such an approach will by definition reduce costs incurred in preventing convoluted pathways to the right advice, information or support; and
 - in getting people early support when they need it .
- 10.6. The recommendations take the opportunity to ensure that the excellent innovations partners are developing are viewed through the lens of Trafford communities. The recommendations are designed to ensure that initiatives continue to put residents and employees at the centre of provision, with the aim that these initiatives continue to be designed from the perspective of the individual, not the organisation.

Appendices

Report Ends

Appendix 1: Specific life circumstances affecting mental health: List of research and resources

Ageing and retirement: According to the Foresight Report of 2009: 'A new mindset is needed; involving a rethink of "older age", and addressing the stigma and negative stereotyping of older people associated with it. There is a strong case for a step-change in the governance of promoting older social networking... in promoting mental capital and wellbeing in older adults.'⁵

Antenatal and postnatal women: According to a recent study it is estimated that depression in pregnancy affects between 10 per cent and 15 per cent of pregnant women, and is a strong risk factor for postpartum depression. Some 23 per cent will go on to suffer postnatal depression.

<http://www.bmj.com/cgi/content/full/323/7307/257>

Debt, Deprivation, poverty: According to the Foresight Report of 2009 'There is a good case to intervene in areas such as personal debt and financial literacy, specifically to break the cycle with mental ill-health.'⁶

Disability: The Office for Disability Issues has compiled the 'Roadmap 2025', which identifies 14 themes that encompass all aspects of disabled people's lives. It shows how government departments are working together to deliver disability equality, one of the themes of which relates to health and wellbeing, and can be found at:

<http://www.officefordisability.gov.uk/roadmap2025>

Ethnicity: The Parliamentary Office for Science and Technology Postnote on Ethnicity and Health asserts that: 'Black and minority ethnic (BME) groups generally have worse health than the overall population, and patterns vary from one health condition to the next.'⁷

Gender: The Parliamentary Office for Science and Technology Postnote on Ethnicity and Health found that half as many men as women seek psychotherapy. Half as many men as women are diagnosed with depression. Yet men commit suicide up to eight times more often than women.

<http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/depression/mendepression.aspx>

Sexuality: The Lesbian and Gay Foundation identified additional factors which can affect the mental wellbeing of LGB people and has compiled a report on what Lesbian, Gay and Bisexual people want from the future of mental health services.⁸

Work, employment: The Sainsbury Centre (2007) has estimated that impaired work efficiency 'presenteeism' due to mental ill health costs £15.1 billion, or £605 for every employee in the United Kingdom which is almost twice the estimated £8.4

⁵ Mental Capital and wellbeing: Making the most of ourselves in the 21st century, Foresight Mental Capital and Wellbeing Project, 2009

⁶ *ibid*

⁷ Parliamentary Office of Science and Technology Postnote: Ethnicity and Health, January 2007

⁸ Something on your mind?: A report on what Lesbian, Gay and Bisexual people want from the future of mental health services, the Lesbian and Gay Foundation, 2008

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billion annual cost of absenteeism. Common mental disorders are extremely costly e.g. depression in England accounts for about £9 billion per year, mainly in lost productivity. Employers should be encouraged to foster work environments that are conducive to good mental wellbeing and the enhancement of mental capital.⁹

Unemployment: Is Work Good for your Health and Wellbeing? - a comprehensive review of more than 400 pieces of scientific evidence concludes that the adverse health effects of being out of work include higher rates of mental health problems than the general population, as well as an increased likelihood of suicide, disability and obesity.¹⁰

⁹ Mental Capital and wellbeing: Making the most of ourselves in the 21st century, Foresight Mental Capital and Wellbeing Project, 2009

¹⁰ Is Work Good for your Health and Wellbeing? Department for Work and Pensions, 2006

Appendix 2: 'Trafford Council Adult Social Services working in partnership with Trafford Primary Care Trust: Joint Review of Mental Health Services', Action Plan, March 2009 (Being sent through by Adult Social Services)

Appendix 3: Survey analysis and questionnaire responses

Online Survey Analysis

88 viable returns

Percentages have generally been rounded down to the nearest 1% so outturn may be marginally under 100%

Demographic Analysis

Gender and sexuality of respondents

63% female, 28% male, 8% non return in gender field

0 returns transgender

70% heterosexual

24% non disclosed sexuality

1% lesbian

1% homosexual

0 returns bisexual

Disability of respondents

64% non disabled

15% disabled

9% non return in this field

Location of respondents

Fairly broad spread of returns from across the Borough

16% non disclosed location

11% Timperley

11% Stretford

7% Flixton

7% Altrincham

5% Sale Moor, Ashton on Mersey,

4% Priory, Broadheath

3% St Mary's, Hale Central, Clifford, Davyhulme West

2% Longford

1% Bucklow St Martin, Brooklands

0 returns Hale Barns, Gorse Hill, Village, Bowdon

Ethnicity of respondents

20% non disclosed ethnicity

59% white British

11% British

5% white

1% Asian

1% dual heritage

Age range of respondents

44% age 45-64

39% 25-44

6% non disclosed age range

2% 65-74

1% 75 and over

1% 19-24

Occupation of respondents

55% employed full time
19% employed part time
6% non disclosed employment status
6% unable to work owing to illness
5% unemployed with 3% looking for work and 2% not looking for work
4% retired
1% on a training scheme
1% looking after family

If you needed help with your mental health - whether or not you ever have done - where would you go for help in Trafford? (Options given were GP, counsellor, partner or family, friend, colleague, religious professional, self-help books, telephone helpline, online support service)

34% would go to their GP only
85% would go to their GP as well as seeking other help in the list
3% would seek the help of a religious professional in association with other support
1% would seek counselling only
13% would seek counselling as well as seeking other help in the list
Of this 13% women were slightly more likely than men to seek counselling
1% would refer to self help books only
12% would refer to self help books as well as seeking other help in the list
1% would seek online support only
18% would seek online support as well as seeking other help in the list
Of this 18%, men and women were equally likely to seek online support

When out and about in Trafford, have you seen any information about where to get help with mental health concerns and if so, where? (Options given were; libraries, leisure centres, doctors' surgeries, religious buildings, clubs or associations, voluntary organisations, at work, in schools, in shops, I've not seen anything anywhere).

39% have not seen anything anywhere, of this 39%,
if they needed help with their mental wellbeing, 84% was likely to go to their GP surgery for support in addition to seeking other support
38% of those who haven't seen anything anywhere would seek support from their GP exclusively.
14% of the total had seen information at their GP surgery only
38% have seen information at their GP surgery and in other places in the list
2% have seen information at voluntary sector organisations only
14% have seen information at voluntary sector organisations and in other places in the list
2% have seen information at their workplace only
8% have seen information at their work place and in other places in the list

If you have consulted your GP about mental health worries in the past, what advice did you get?

31% were offered medication in combination with other assistance, for example, counselling and therapy
15% were offered medication only

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3% were offered counselling/therapy only
 2% were offered and activity or 'social prescription'
 1% felt their concerns weren't addressed

Did something happen which affected your mental health?

44% did not respond to this question and 17% responded that nothing happened that they were aware of
 10% identified relationship difficulties
 6%, all of which were female, identified bereavement as a trigger
 4% identified being diagnosed with an illness
 4% identified job loss as a trigger event

Do you feel you or anyone you know has been discriminated against because of mental health difficulties? If so, where?

10% felt they had been discriminated against at work only
 34% felt they had been discriminated against at work and in combination with discrimination in the community, or when dealing with official bodies
 3% felt they had been discriminated against when dealing with official bodies only

Where you doing any of the following to help you cope?

5% were eating too much as a coping behaviour
 26% were eating too much in conjunction with other coping behaviours
 3% were drinking too much as a coping behaviour
 23% were drinking more than usual in conjunction with other coping behaviours
 18% were self harming in conjunction with other coping behaviours

Questionnaire responses

| Questionnaire responses received from organisations |
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| Q1. How well is mental wellbeing supported and promoted in Trafford? |
| Average or above average |
| From what I have experienced, Trafford is supporting people's mental wellbeing very well. Events such as today's are very health promoting and available to all. It is a chance to recognise talents of others and support people supporting themselves in the community. |
| Could do better, not as good as Manchester |
| Not well |
| Fairly well, but could do <u>much</u> more. Innovative ideas but lack of backing/funding. Not enough in BME community |
| The network of services in Trafford are increasing and becoming more and more linked through communication. |
| Fairly well. No-one can achieve 100% but Trafford Council and organisations try their best. |
| Through provision of a range of services that are delivered in an accessible manner in community. |
| Things have improved in recent years. "Strides" scheme has been useful. Easier access to leisure centre. Variety of activities at Waterside. Salvation Army –positive contribution to community |
| Clear demarcated services but very long waiting lists or referral refused due to |

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| demand. |
| It is supported well by some GPs. The psychology services are in high demand. |
| Summary of views of mental health services in Trafford |
| Comments are mixed but overall there is a fairly positive assessment of mental health services from the point of view of organisations working in the field, a number of comments note improvements over recent years. |

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| Q2. What is your vision for promoting mental wellbeing in Trafford? What could improve? |
| To ensure that people from the BME especially African, Caribbean refugees/asylum seekers access better mental health services in Trafford. |
| Building more self confidence for those with mental ill health, and independence. |
| Preventing mental illness and promoting mental wellbeing as a community. Support networks should be available for all for social support and advice. More community services (emphasised). |
| More services and more advertisements promoting services |
| Access to services, more services, advertising of services, linking the social, physical and mental aspects of health |
| Equal access and services across the board. |
| That services become more integrated in general health and wellbeing |
| Targeted services to 16/17 year olds who often fall between CAMHS and Adult Services. |
| More out of hours and weekend access to services. Service to run from venues such as supermarkets to combat stigma. |
| Social and leisure groups play positive roles in promoting mental health. A variety of opportunities for meaningful activity and a focus on inclusion. Lots of social activities which are easy for people to 'drop in' to. Support for people ready to give something new a try. |
| More of everything (!) – particularly face to face counselling (GP practice) |
| More help in community with counsellors to help people solve issues. |
| Summary of views vision for promoting mental wellbeing in Trafford? What could improve? |
| Better promotion, improved access and more community based services |

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| Q3. What forms of support help people to maintain resilience? |
| Mental wellbeing activities, good counselling services, social integration |
| Access to groups, good examples, communities that help each other. |
| Provide support for the individual and provide the service according to their religion and culture. Holistic care of the individual, taking into account all their social, cultural, environmental, religious needs. |
| Self help services, counselling |
| Ongoing, consistent, structured flexible support. More after care support needed in community. |
| Activities and opportunities for young people. Safe places and services where young can discuss concerns and issues. Positive school environments. |
| Better general public attitude towards mental health problems. |
| Self-help initiatives. Knowing that there are services available to people that |

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| they can access speedily. |
| Social inclusion, belonging, purposeful activity, sport, drama, dancing, art, gardening, allotments, parks and gardens. Peer group support. Pathways Advisory service |
| Communities whether within families or external support networks/friends/groups |
| Family and friends |
| Summary of forms of support helping people to maintain resilience |
| Counselling activities, self-help and purposeful activities were all mentioned a number of times as well as involvement and support in their communities. |

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| Q4. What are Trafford's challenges for supporting mental wellbeing in its communities? |
| To secure funding, commission services that will provide appropriate services to all service users and the community. |
| Identifying those who need help, getting those people to services. |
| Breaking down barriers between mental health, social wellbeing and medical healthcare. There needs to be a greater awareness and an opportunity for people to be educated in better health. Promotion and prevention not cure. |
| Money |
| Funding, closing of services, lack of groups and staff |
| Diversity. The very different communities within Trafford, large BME communities. |
| Recession and unemployment, poverty. Offering equality of opportunity to all young people – ensuring young people without qualifications are offered appropriate opportunities and support. |
| Supplying what service users want. Bringing in the undiscovered sufferers. |
| Offering appointments in a timely and accessible manner. Keeping up to date with technological developments that could be implemented in mental health. |
| Unemployment, deprivation, homelessness. |
| Improved promotion of services currently or planned that do not need health professional referral. |
| As people become more isolated from family and they fragment, support by others is necessary. |
| Summary of perceived challenges for supporting mental wellbeing in Trafford communities |
| Funding for services is a recurring theme, as well as supplying services tailored to people's needs and backgrounds. |

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| Q5. How and where do you promote your services in the community? |
| On site, on the web, via newsletters, networking. |
| NHS Primary Health Care Trust in the Trafford area. In people's homes and working with individuals and families, health promotion and support are integral to this service. |
| Job centres, GP practices, give presentations |
| Job centres, GPs, awareness days, health promotion department with the PCT |
| Leaflets, literature. Attending events. Partnership work. Meeting businesses, organisations, agencies etc |

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| Through newsletters, leaflets, word of mouth, at various community locations and groups. |
| Schools, colleagues and training providers. Use of our website, leaflets, letters to young people, outreach in Old trafford, Sale, Altrincham and Partington as well as main base in Stretford. |
| At Sale Waterside. Open ability arts group which accommodates people with a range from no problems to disability of some type. |
| We attend relevant events in the community. We produce and disseminate publicity fliers and we have a well-used website. |
| Through the NHS. NHS Choices (GP) |
| GP surgery |
| Summary of where and how organisations promote their services in the community |
| Attending awareness days, leaflets, events, newsletters, websites, through GPs. |

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| Q6. Do you promote jointly with other services? |
| We are working in partnership with the Manchester joint Commissioning Team among other strategic partnership organisations. |
| Joint projects, ie football, art, shared venue and funding |
| We liaise with health and social care services. Awareness of local community events to promote and encourage the clients' health. |
| Department of Work & Pensions |
| Yes, with NHS and local authority |
| Through other voluntary networks and VCAT. |
| Trafford youth Service. We promote our mental health services from Relate and 42 nd Street. |
| We work in active partnership/collaboration with NHS providers of mental health services. |
| Summary of promotion jointly with other services |
| 2/13 said they did not jointly promote, however most seem to do so in conjunction with one other partner rather than through broader or more organised initiatives. |

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| Q7. For the people that come to you, are there particular common triggers? |
| Economic, social, environmental factors trigger their ill-health |
| Crisis, poor health, financial problems |
| Mental, social, medical problems. Common triggers are EVERYTHING. They work together, not in isolation. The environment, education play a big part. |
| Financial, bullying at work |
| Unemployment, long term illness, family problems, childhood abuse, domestic violence. |
| Every case is different so would not like to identify common triggers as I believe this could be misleading. |
| Care and treatment issues, stresses due to debt. |
| Range of triggers but unemployment, money, family and relationship issues are common to our young people. (there is additional info in a mental health survey for more detailed info). |

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| Most clients value the peace and quiet in our session. No obvious triggers have been mentioned. |
| There are a range of triggers – sometimes there is no identifiable trigger. |
| Unemployment, housing issues, workplace bullying, debt. |
| Life events |
| Housing, hardship, isolation, failed relationships, pace of life, stress at work. |
| Summary of common triggers for people using that service |
| Financial, social, health, relationship and work problems were identified as common triggers, however, no trigger or any crisis situation was also mentioned. |

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| Questionnaire responses received from individuals |
| Q1. If you or someone you know needed support with their mental health, what do you think would make you seek help? |
| Desperation |
| Knowing that going to GP would recommend services or referrals especially for older people and not just ignoring because 'old' |
| If they couldn't cope with everyday life |
| A change in behaviour |
| First see doctor if able to or if in bed, family members see doctor |
| Not being able to cope with the situation |
| A visit to GP where an initial diagnosis would be made. Follow up care to follow. Causes: low mood, eating disorder, self-harm, general inability to cope with life. Mood swings, isolating oneself, social exclusion, suicidal thoughts |
| I sought help for depression and anxiety |
| Feeling unwell |
| My life was getting too much. I was a bit in the the dark and was being a tool |
| If my children were in danger from my mood swings. If I frightened myself. |
| I would only seek help if I felt a serious danger to myself (overdosing) |
| If my mood was low or I was paranoid, and withdrawn |
| Inability to make them aware of how ill they are. Needing support myself to help them |
| Awareness that different services exist. Sensitive, confidential consultations. Understanding a person's needs and addressing them sympathetically |
| If they didn't leave the house, felt lonely, lost weight |
| More of an outreach out of hour's service |
| Summary: what would make you seek help? |
| Difficulty coping, changes in mental health |

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| Q2. Where would you go for help in Trafford? |
| GP, blueSci, Carers Centre. A&E would be a last resort. It is a very unsuitable place to access psychiatric help. |
| Age Concern or Help the Aged |
| In emergency A&E. Possible helplines eg Samaritans. Internet forums. These accessed regardless of location. |
| Moorside/blueSci |
| Early intervention team |
| GP, but now I know about blueSci I'd go there. |

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| I would go to A&E, I wouldn't seek help anymore unless I was at serious physical risk because I don't feel my mental state is taken seriously anymore (I've been through several services) and it would take a suicidal act to get help or support or taken seriously (this is how I feel at the moment). |
| BlueSCI and New Way Forward. Or my GP or social workers and support worker |
| Trafford Advocacy Advisory Group |
| Website, forum. Share information with networking organisations |
| blueSCI (now I know about it). Health Centre Timperly |
| Broome House, phone Community Practice Nurse or support services |
| Summary: where would you go for help? |
| Mentions of blueSCI (5/19), GP (10/19) as well as other NHS services such as A&E, Early Intervention team/Community Practice Nurse; also other voluntary sector organisations such as New Way Forward (2) as well as Carers Centre, Age Concern, Help the Aged, Samaritans, Trafford Advocacy Advisory Group. Two mentions of the internet. |

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| Q3. What sort of support would you want? |
| GPs to be able to refer a patient directly to a psychiatrist. For GPs knowledge of that individual to be listened to. For individuals in mental health crisis not being told they cannot see a psychiatrist unless they go to A&E or wait to be assessed by another team. Why aren't GPs listened to! 'more help for carers in Trafford. Carers Centre is great, but who can help you cope with a psychotic teenager out of hours. |
| Someone to talk to and guidance |
| Visit from CPN or psychologist. |
| New medication. Psychologist. |
| Someone to talk to |
| To be tailor made, not put in a group. Also, I feel I have to find information myself. As I suffer from different problems, a group solution is not for me. |
| Nothing more than blueSci offers you can get everything you need in one building |
| Anything – depending how ill I am. |
| A talk |
| Someone to listen. Help in childcare. Help with self-esteem and self-worth. A place to meet people, learn new things. Help with compulsions. |
| I would want to be listened to and given ongoing support in the way of having someone to talk to. I feel that waiting to be referred is not supportive to me, I get referred then wait months for an appointment only to be told they don't have a service that can help me. |
| Medication review and talking to my support worker and social worker and an early appointment with my consultant psychiatrist |
| A 24 hour walk-in centre where people with mental health issues can go. Even if they only need someone to talk to. |
| Summary: what sort of support would you want? |
| Support from specialist professionals such as psychologists or Community Practice Nurse. Many mentions of someone to talk to, medication, help with specific problems Earlier appointments and 24 hour help. |

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| Q4. Have you seen support services offered or advertised in Trafford and where? |
| Only at blueSci or mental health events such as World Mental Health Day |
| Hospital |
| Yellow pages. Leaflets at doctors or town hall. |
| There are lots of leaflets in Carers Centre and at GPs but nothing to tell you what to do in a CRISIS. |
| Only when I went to Women's Group at blueSci |
| No |
| Only in doctor's surgery or hospital, leaflets and posters |
| Never seen anything advertised |
| Old Trafford News and newsletters. |
| "I am an advertisement lol" |
| blueSci counsellor. School – liaison officer |
| blueSCI and New Way Forward |
| Only New Way Forward and church noticeboard |
| No. Apart from blueSCI. |
| Broadheath early years building. |

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| Q5. If you have experienced a need for mental health support, what worked well and what could have been better? |
| Cognitive behavioural therapy helpful for mild to moderate depression or anxiety, but not severe conditions. Have to be well enough to participate. Two year waiting list for CBT highly inappropriate. I believe there is progress in reducing this waiting time now. Crisis Intervention team – a good idea to try to keep people at home and prevent hospitalisation, but the 6-week remit after which the team withdraws leaving individuals with nothing for support is quite destructive: sets up a system or process of revolving door treatment. It is excessively difficult to be allocated a Community Practice Nurse in Trafford. |
| I wasn't mentally ill, just tired. Social Services lied to my GP about me. I have a personality disorder. Made homeless unnecessarily. |
| Worked well: Psychologist and Community Practice Nurse who is well known and consistent to service user. Direct payment helped with returning to activities that were done before illness. Did not work well: In my case I found Crisis team unhelpful. |
| Psychiatric nurse visiting my home then into Moorside but was given new medication (as Prozac did not work for me). Social worker; not much help. Outreach worker; brilliant. Need cognitive therapy, been told I have to wait 18 months. |
| Suggestion: (1) Drop-in centres needed in Trafford. Nowhere to meet up socially to prevent isolation. Age Concern have one in Stockport. There is a council run one in Ashton-under-Line. Ageing population with people living longer and single homes so isolation will increase. (2) Need for youth centres in Trafford. Why not use the old library building in Firswood at the Quadrant? |
| Reduction in waiting lists!! As I'm not suffering from schizophrenia or I'm not a danger to others, my case is deemed not urgent (as told to me by my GP) and |

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| <p>duly placed on a very long waiting list. Assessments and appointments are over quickly undertaken by staff who appear to want to be somewhere else. Problem seems to be individual care is not given.</p> <p>Trafford website is poor, not user friendly. GP care was excellent, but their hands are tied.</p> |
| <p>BlueSci is fantastic the only thing which could have been better for me was the support of Trafford's human resources after working for Trafford for 21 years they are finishing me off (terminating contract) rather than retiring me. Trafford are a complete let down in my opinion after giving them the best years of my life there is no loyalty.</p> |
| <p>It took some time to find the right medication. But once that had happened I was well again. The staff at Moorside were excellent.</p> |
| <p>To be free and trusted more.</p> |
| <p>Counselling – it was good but left for new job and no follow up. BlueSci opened up new interests; pamper sessions. Long distance call to friend in Redditch. Hypnotherapy for self-esteem. Exercise.</p> |
| <p>I've had various interventions in the past and now feel that nothing more is being offered to me. The crisis team came to my house four weeks after getting out of hospital only to wait two weeks without hearing anything and I had to call them to be told they had a multi-disciplinary meeting and they felt there was nothing they could offer me. All I wanted was to have someone come to me a few times a month to talk and help me plan and put into place my own support and to develop a recovery plan for myself. I'm at BlueSci now and I believe it saved my life but this was only after being left to fend for myself at a time when I didn't have the resources in myself to really help myself. I don't feel I fit into any group of mental illness and am left alone. After leaving hospital (private) my husband had to take unpaid leave then change to part-time (basic pay) so he could help keep me safe at home. It's got to the point where I almost want to get worse to get help.</p> |
| <p>Medication review with consultant psychiatrist – quite quickly and talks with support worker and social worker. Also writing down how I feel to read to the professionals</p> |
| <p>Crisis support team were very helpful. 24 hour care given with mobile number. Staggered support, winding down and kept in the community supported. Brill!</p> |
| <p>Cognitive behavioural therapy, Community Practice Nurse visiting me. Relapse prevention.</p> |
| <p>I'm at BlueSci now and I believe it saved my life but this was only after being left to fend for myself at a time when I didn't have the resources in myself to really help myself.</p> |
| <p>Trafford Council website is poor, not user friendly.</p> |
| <p>Summary: Have you seen support services offered or advertised in Trafford and where?</p> |
| <p>Long waiting lists for, for example, Cognitive behavioural therapy. Mixed experiences with professional help such as Crisis teams and Community Practice Nurses; marginally more positive with Crisis Team. Some mentions of getting the medicine right being helpful. 3 mentions of usefulness of BlueSCI.</p> |

Appendix 4: List of participating partners

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| Partner organisations invited to participate in the review, either through meetings, completing questionnaires, telephone interviews or at World Mental Health Day |
| African and Caribbean Mental Health Services |
| Age Concern Trafford |
| blueSCI |
| Citizens Advice Trafford |
| Creative Support Trafford Women's Service |
| 42nd Street |
| GP Lead |
| Greater Manchester West Mental Health NHS Foundation Trust |
| New Way Forward |
| Next Step Urmston |
| SEVA Development Partnership |
| Trafford Depression Group |
| Trafford Healthy Living Centres (Partington and Sale Moor) |
| Trafford Carers Centre |
| Trafford LINK |
| Trafford South Asian Mental Health Services |
| Trafford Mental Health Advocacy Service |
| Trafford Diverse Communities Forum |
| Trafford Council Access Trafford |
| Trafford Community Mental Health Teams |
| Trafford Primary Care Trust |
| Trafford Council Adult Social Services |

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