Agenda Item 7

OVERVIEW & SCRUTINY BOARD

13 DECEMBER 2011

FINAL REPORT OF THE SOCIAL CARE & ADULT SERVICES SCRUTINY PANEL

NO HEALTH WITHOUT MENTAL HEALTH

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Scrutiny Panel's review of 'No Health without Mental Health'.

AIM OF THE SCRUTINY INVESTIGATION

2. The overall aim of the scrutiny investigation was to consider how the Council and partner agencies are responding to the recently published cross-Government mental health outcomes strategy 'No Health without Mental Health'.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

3. The panel concentrated its investigation on the following terms of reference:

   (a) To examine how the Council and its partners are seeking to tackle the stigma and discrimination people with mental health problems experience.

   (b) To consider the issue of suicide prevention and how the Suicide Prevention Task Force, in partnership with the Council and other agencies, is endeavouring to reduce Middlesbrough's high suicide and undetermined deaths rate.

   (c) To examine the accessibility of psychological therapies for both adults and young people living in Middlesbrough and to establish what level of service provision is planned for the future.

METHODS OF INVESTIGATION

4. Members of the panel met formally on five occasions between July and September 2011 to discuss/receive evidence relating to this investigation and a detailed record

of the topics discussed at those meetings is available from the Committee Management System (COMMIS), accessible via the Council's website.

MEMBERSHIP OF THE PANEL

5. The membership of the panel was as detailed below:

   Councillor P Purvis (Chair), Councillor F McIntyre (Vice Chair), Councillors Dryden, Harvey, C Hobson, Mawston, Rehman, Saunders and J Walker, as well as E Briggs (co-opted member) and Alison Philbey (added member).

BACKGROUND INFORMATION

6. The panel opted to undertake a review on the topic of 'No Health Without Mental Health' following a suggestion received from the Assistant Director of Assessment and Care Management that this may be an area that would benefit from a review by the panel. In scoping the review the panel also considered the information highlighted in Middlesbrough's 2010 Joint Strategic Needs Assessment in relation to mental health issues, which highlighted that in Middlesbrough;

   - Education and information is required to combat the stigma surrounding mental health issues.
   - People with mental health problems experience problems remaining in work or finding paid employment.
   - Carers require specific and dedicated support.
   - Levels of suicide and undetermined death rates are above the regional and national average.
   - A large proportion [11.6%] of the working population claims Incapacity Benefit and 43% of these claimants cite mental health conditions as the primary cause of their incapacity.

7. To gain an overview of the topic the Assistant Director of Assessment and Care Management was invited to attend a meeting of the panel to present an overview and background information on the subject.

8. The panel was advised that the 'No Health without Mental Health' is a cross-Government mental health outcomes strategy for all ages. It presents an ambitious objective focussed approach to reform public mental health in order to tackle the burden of mental health problems.

9. It was noted that one of the biggest challenges that still needs to be addressed in respect of mental health, is the stigma that is attached to mental health problems. It was highlighted that mental health issues are seen as a burden on society, as many people with a mental health illness receive incapacity benefit, are unable to secure employment and end up in prison because of their mental health.

10. The 'No Health without Mental Health' strategy promotes mental health as 'everyone's business' with three specific government commitments to:

    - Improve the mental health and wellbeing of the population
    - Keep people well; and

- Ensure that more people with mental health regain a full quality of life as quickly as possible

11. It was emphasised that mental illness is something that people do and can recover from and that even people who suffer from a mental illness such as schizophrenia can have a reasonable quality of life and can work for a living.

12. In addition to the three specific government commitments the ‘No Health without Mental Health’ strategy outlines six shared objectives as follows: -

    - More people will have good mental health
    - More people with mental health problems will recover
    - More people with mental health problems will have good physical health
    - More people will have a positive experience of care and support
    - Fewer people will suffer avoidable harm
    - Fewer people will experience stigma and discrimination

13. It was noted that the fourth objective within the strategy is to ensure that more people will have a positive experience of care and support services. It was advised that work is always ongoing within Middlesbrough to deliver this objective. With reference to the objective that fewer people will experience stigma and discrimination it was highlighted that despite national and local campaigns to tackle this issue stigma and discrimination is still alive and kicking in Middlesbrough.

14. The panel was advised of some of the key facts, as well as costs associated with poor mental health and the fact that these costs are increasing:

    - 1:6 adults have a mental health problem at any one time
    - 1:10 children (5-16) have a mental health problem
    - Half of lifetime mental health problems are acquired by the age of 14
    - 10-13% of 15-16yr olds self harm
    - 1:10 new mothers experience postnatal depression
    - 1:100 people have a severe mental health problem
    - 60% of adults in hostels have personality disorders
    - 90% of prisoners estimated have diagnosable mental health problems
    - Admissions to hospital are up 5%
    - Detentions under the MHA 1983 are up 30%
    - Depression: £7.2 billion
£12.2 billion by 2026
    - Anxiety: £8.9billion
£14.2 billion by 2026
    - Estimated annual cost to the economy of mental health overall - £105 billion

15. Reference was made to the frightening statistics for children and the fact that 50 per cent of lifetime mental health problems are acquired by the age of 14. Members queried the recognised reasons for this statistic and it was explained that mental health diagnoses include personality disorders and that a lot of children develop personality disorders as a result of abuse, poor parenting and anxiety about their parents’ situation. The panel queried whether there was a reluctance to diagnose children with a mental health problem and it was explained that the ‘No Health without Mental Health’ strategy is seeking to promote the benefits of early

diagnosis, as well as promote Improving Access to Psychological Therapies (IAPT) for young people.

16. A Member of the panel queried how long it takes from recognising that a child in Middlesbrough has a mental health need to that child receiving treatment. It was explained that one of the key elements is investing in early diagnosis and support. It is recognised, however, that the Child and Adolescent Mental Health Services (CAMHS) in Middlesbrough can be slow to respond to an identified need.

17. With regard to the number of prisoners with mental health problems it was advised that the statistics cover a wide range of mental health issues and that the figure of 90% of prisoners estimated to have diagnosable mental health problems is self reported.

18. The Assistant Director of Assessment and Care Management advised that locally the issues raised by the new cross-Government strategy are not new and that a lot of work has been undertaken in Middlesbrough to tackle the issue of stigma and discrimination.

Tackling Stigma and Discrimination

19. In terms of the other work undertaken in Middlesbrough it was advised that the Hearts and Minds Social Inclusion group is undertaking a substantial amount of work to help tackle the stigma and discrimination associated with mental health problems. The group has organised ‘Stamp out Stigma’ events in the town centre and the last time the group held an event they spoke to at least 500 people. A high percentage of the people they spoke to at the event stated that they had a friend or relative who suffered from a mental health problem.

20. Middlesbrough Hearts and Minds Social Inclusion group also regularly holds events in community centres and the group has recently produced a series of self-help audio booklets. The panel heard that initially the group had developed a series of leaflets but with financial support from Northumberland Tyne and Wear NHS Foundation Trust the leaflets have been developed into Mental Health Audio CDs’ covering 16 different conditions. The Audio CDs are now available in all Middlesbrough GP surgeries, libraries and can be downloaded from the Internet. These self help guides were launched during men’s health week (13-19 June 2011) and are a national first.

21. The panel heard that the Council is also working closely with partners in respect of mental health promotion, for example, with the Mental Health Initiative at the football club. It was also advised that men are much more reticent about seeking help for mental health problems than women.

National Anti Stigma Campaign

22. In terms of the ways in which the issue of stigma and discrimination is being tackled at a national level the panel was informed that the Time to Change campaign is an England-wide programme, which aims to improve public attitudes and behaviour towards people with mental health problems. The programme, which was set up in 2007, is run by the charities Mind and Rethink Mental Illness and received funding in the first phase from the Big Lottery Fund and Comic Relief.

23. The panel notes that according to data from the Institute of Psychiatry, King's College London, there has been a four per cent reduction in the discrimination that people with mental health problems report, as well as improvements to public attitudes, as a result of the Time to Change campaign. The reduction in discrimination equates to 23,500 more people living lives completely free from discrimination compared to at the start of the campaign and 71,540 fewer people experiencing discrimination when looking for work.[1]

24. However, despite this reported reduction in discrimination nearly nine out of ten people with experience of mental health problems still say they face stigma and discrimination. A recent survey of people in contact with Time to Change indicated that more than 40% of people are experiencing stigma and discrimination on a daily, weekly or monthly basis, with more than a quarter (27%) stating that stigma and discrimination have made them want to give up on life.[2]

25. At the time the panel initially heard about the Time to Change campaign it was advised that the funding for the campaign had been due to end in September 2011 and it was not known whether future funding would be secured. On 10 October 2011 it was announced that the government is joining forces with Comic Relief and Mind and Rethink Mental Illness are to receive £16million from the Department of Health and £4million from Comic Relief to continue running the Time to Change campaign.

26. Following the funding announcement the Chief Executive of Mind commented that, "for generations we have swept mental illness under the carpet as a society. We've been afraid to talk about it and afraid to understand it. The consequences for those experiencing mental health problems has been devastating. Stigma and discrimination has stopped people working, socialising and living life to the full. Over the last few years, Time to Change has made real progress in changing societal attitudes but we won't give up until the job is done."

27. The next stage of the Time to Change programme will focus on tackling stigma amongst children and young people, a new grant fund for 75 local community-led projects, and targeted work with black and minority communities starting with a focus on the Africa Caribbean community.

28. It was noted that The Time to Change campaign has worked with a number of high profile celebrities including Stephen Fry and Frank Bruno, who themselves have experienced mental health problems, in an effort to highlight that having a mental health problem is not something to be ashamed of.

29. Members were informed that as part of the national campaign a Lived Experience Advisory Panel (LEAP) advises on the overall delivery and impact of the Time to Change campaign and that the LEAP has 11 members nationally covering all areas of England. The advisor representing the Northeast region is Lol Butterfield, who is

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[1]http://www.time-to-change.org.uk/news/department-health-and-comic-relief-commit-£20m-tackle-mental-health-stigma-and-discrimination

[2] The Time to Change (TTC) survey was conducted online using SurveyMonkey. The survey was online from 9 September until 28 September 2011 and was completed by a total of 2,770 people across the UK. A link to the survey was distributed widely via TTC Facebook fans, on the TTC website, and via the networks of the mental health charities Mind and Rethink Mental Illness.

also a Social Inclusion Officer with Middlesbrough Council. Middlesbrough's Social Inclusion Officer acts as an Anti Stigma Champion for the area and has been involved in much of the recent high profile national media work. In addition, he speaks at events all over the country about his own experience of having a mental health problem and his recovery.

30. In relation to the work undertaken with young people on the topic of mental health reference was made to the 'the Huge Bag of Worries' project, which is a creative 'Story Sacks' approach that has been delivered to primary schools and colleges in Middlesbrough. It was noted that this is an anti-stigma approach, which promotes awareness of local mental health services and focuses on bullying and the detrimental impact this can have on a child's emotional health and well being. The panel recognised that there is a lot of work is being undertaken in Middlesbrough in an effort to tackle the issue of stigma and discrimination.

Mental Health Promotion, Prevention, Early Recognition and Intervention

31. The issue of promoting mental well being in the work place was discussed and it was advised that a lot of work has been undertaken to promote Mental Health First Aid Training and Suicide Awareness Courses. Members of the panel raised the fact that the Mental Health First Aid Training course has not been offered to Councillors but that it could prove useful when working with constituents in their local communities.

32. Members of the panel queried whether the Council employs people with mental health problems. It was advised that many Council employees have experienced mental health problems and all employees are supported. The Council also proactively employs people with a mental health problem, as part of the FORWARDS programme and provides them with additional support. It was advised that within the FORWARDS Team 2 of the 6 Job Coaches specialise in mental heath and in 2010/11 the 2 Job Coaches worked with 70 people with mental health problems and helped 14 of them to secure paid employment.

33. A new project has also recently been established by the FORWARDS Team, which works specifically with young people, aged 16-35, who've developed a psychotic illness to help them into work, at the same time as other young people are entering the workplace. It was stated that this is an exciting project that has been funded through the Regional Improvement and Efficiency Partnership.

34. Members acknowledged the role of the Forwards Team in supporting people with mental health problems to find work and in providing support for people with mental health issues in the workplace. The panel was advised that there is a strong link between work and emotional well being and it was highlighted that being in work improves mental health and promotes social inclusion. Despite the recognised benefits of work in improving a person's mental well-being fewer than 16 per cent of people with a mental health condition (except depression) have a job, and yet between 86 and 90 per cent of this group want to work[3].

[3] Working it out: employment for people with a mental health condition, Mental Health Network briefing, March 2010

35. The panel also acknowledged the importance of the promotion of mental health issues by well-known celebrities and way in which mental health issues are portrayed by the media.

36. With regard to current service provision reference was made to the Living Life centre and it was advised that this facility is what was previously the Council's day care service for people with mental health problems. It was explained that over the last two years the Council has worked very closely with Tees Esk & Wear Valley NHS Foundation Trust and Mind and that the service is now managed by Middlesbrough Mind. It was stated that the name for the service was suggested and voted for by people who use the service and that the name really makes a statement.

37. Reference was made to the issue of housing and it was advised that settled accommodation is critical in supporting people's wellbeing, both physically and mentally. It was advised that a range of accommodation and floating support services are available in Middlesbrough and that the type of support provided is based on an individual's needs. It was explained that the Council is working creatively to fill the gaps in services and commission services where appropriate.

TO EXAMINE HOW THE COUNCIL AND ITS PARTNERS ARE SEEKING TO TACKLE THE STIGMA AND DISCRIMINATION PEOPLE WITH MENTAL HEALTH PROBLEMS EXPERIENCE

38. The Chief Executive of Middlesbrough and Stockton Mind and the Manager of the Living Life service attended a meeting of the panel to provide Members with an overview of the services available at Middlesbrough's Living Life centre.

39. Representatives from the Middlesbrough Hearts and Minds group were also in attendance at the panel meeting to provide the panel with an insight into the work undertaken by the group in respect of tackling the issue of stigma and discrimination.

40. The Chief Executive of Middlesbrough and Stockton Mind informed the panel that in December 2007, a review of rehabilitation / recovery services and day care services in Middlesbrough for mental health service users was undertaken with the aim of creating a more inclusive community based service.

41. It was explained that at the time there were three separate drop-in services in existence in Middlesbrough, these were as follows;

- A drop in services operated by Mind and based in Grange Road.
- The St Aidan's Day Care Service, which provided a luncheon service three days a week and was funded by the NHS.
- A care service with community support, which was provided by the Council and catered for approximately 12 service users.

42. The review involved liaising with many different stakeholders, looking at national guidance and the taking into account service users' requirements for day care services. All the partners involved in the review focussed on the needs of the service users and their carers and all acknowledged that services in Middlesbrough needed to be delivered differently.

43. The panel was advised that the establishment of the Living Life service has seen the amalgamation of 22 staff from Middlesbrough and Stockton Mind, Middlesbrough Council and Tees, Esk and Wear Valleys NHS Foundation Trust to provide the new inclusive community based service. Middlesbrough and Stockton Mind is responsible for managing the service on behalf of all three organisations.

44. As part of the review it was identified that two of the buildings, where services were previously based, were not fit for purpose. The Living Life centre building was therefore leased from Middlesbrough Council with the assistance of funding of £140,000 from the NHS, PCT and the Council. The centre also received funding contributions of £385,000 from a number of different charities towards the refurbishment of the building.

45. The Manager of the Living Life centre explained that she was appointed in May 2011 and since that time has been reviewing how current services are delivered. A bench marking exercise has been carried out to look at the resources available and how these resources are being utilised. The exercise highlighted that the majority of service users who access the day care centre have attended the same activity, on the same day for a number of years and that there are also very few young people or service users from the BME community accessing the service.

46. It was advised that the outcome of the service review has been to focus on service users individual needs, their path to recovery, mental health and quality of life by working individuals on a 1:1 basis and identifying key workers for different issues. The benchmarking exercise also highlighted that there are a small number of service users and carers who have become very dependant on day care provision and therefore the Living Life staff have been engaging with all service users to involve them in other community activities.

47. Members were informed that as part of the service review, the access criteria for receiving support from the Living Life centre has also been extended so that the service can now work with anyone with any level of mental health problem.

48. It was explained to the panel that the work of the Living Life service includes personal development group work, confidence building, managing anxiety and depression; counselling, providing a 'safe space' environment; social support and 1:1 community work. The Living Life service is also working to develop a new outreach service by making more use of its volunteers.

49. In response to a query from a Member, the panel was advised that a consultation exercise has been carried out regarding changes to the service. The impact on service users who accessed services previously has been assessed and service users have received a 1:1 consultation to discuss what the changes will mean for them. In commenting, a member of the panel acknowledged the importance of engaging with service users regarding their own aspirations and then providing people with the necessary help and support to achieve those aspirations.

Middlesbrough Hearts and Minds Social Inclusion Group

50. Members were advised that the Middlesbrough Hearts and Minds Group was first established in 2007 and is a group made up of local individuals, service users,

professionals, related organisations and charities who are involved and interested in improving mental health services in Middlesbrough.

51. The aim of the group is to tackle the stigma and discrimination experienced by people with mental health issues. The group has undertaken a number of different projects in order to help educate, raise awareness, improve services, campaign and change attitudes in relation to mental health problems within Middlesbrough.

52. It was highlighted that most of the work undertaken by the group is carried out on a voluntary basis. The group also ensures that the atmosphere at group meetings is informal, members feel safe and free to speak openly, everyone is listened to and any feedback provided about service provision is acted upon.

53. The group has organised a series of Stamp out Stigma community events across Middlesbrough to help highlight the issue of mental health. The events have involved representatives from Middlesbrough Football Club, the Army (who have focussed on the challenges of posttraumatic stress disorder) and Middlesbrough Environment City (who aim to promote physical exercise and the benefits of mental health wellbeing). Other voluntary organisations including Mind, Age UK, Hope North East and My Sisters Place have attended the Stamp Out Stigma events. The Department of Work and Pensions has also been involved to provide advice and information about mental health and employment issues.

Time to Change Campaign in Middlesbrough

54. The Time to Change regional advisor gave members of the panel a brief overview of his role as Anti Stigma Champion for the North East region and his background in mental health.

55. It was noted that as part of the Time to Change campaign the Anti Stigma Champion has visited schools and libraries and has given interviews on the local radio stations. The Evening Gazette had also become involved in the campaign and the Anti Stigma Champion has been given the opportunity to produce a bi monthly column in the Evening Gazette to highlight different mental health conditions in an effort to help tackle stigma and discrimination.

56. The panel was informed that along with a colleague the Anti Stigma Champion has also been involved in the Huge Bag of Worries Project. This is a story by the writer Virginia Ironside, which has been developed into a project and is delivered to Key Stage 2 children in primary schools in Middlesbrough. Members were advised that the project is currently delivered in the officers own time, as there is no funding available to deliver the project.

57. The panel acknowledged the role of employers in valuing employees with mental health issues and making the necessary adjustments. It was highlighted that the Shift Line Managers Resource and Mindful Employers Charter are valuable tools for employers in relation to mental health issues. These resources provide examples of good practice and companies are encouraged to sign up to the Mindful Employers Charter to demonstrate their positive attitude to mental health. It was noted that employers and employees can also complete a Mental Health First Aid Training (MHFA) two day course to increase their awareness of mental health issues.

58. The panel was very impressed by the dedication and commitment of everyone involved in Middlesbrough Hearts and Minds and by the work that has been undertaken to date by both the Council and its partners to increase people's awareness and understanding of mental health problems in Middlesbrough.

TO CONSIDER THE ISSUE OF SUICIDE PREVENTION AND HOW THE SUICIDE PREVENTION TASK FORCE, IN PARTNERSHIP WITH THE COUNCIL AND OTHER AGENCIES, IS ENDEAVOURING TO REDUCE MIDDLESBROUGH'S HIGH SUICIDE AND UNDERTERMINED DEATHS RATE

59. As stated in the recent cross-government consultation document on *preventing suicide in England* suicide is a major issue for society. The number of people who take their own lives in England has been reducing in recent years. But 4,400 people took their own life in 2009 – that is one death by suicide every two hours.

60. Every suicide is both an individual tragedy and a terrible loss to society. Every suicide effects a number of people directly and often many others indirectly. The impact of suicide can be devastating – economically, psychologically and spiritually – for all those affected.[4]

61. The *preventing suicide in England strategy*, which is in draft form at present, contains two key objectives;

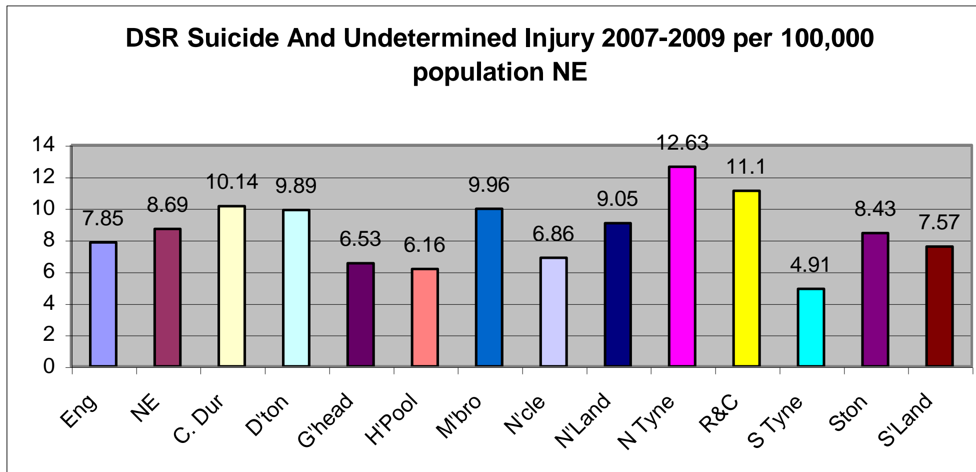
- a reduction in the suicide rate in the general population in England; and
- better support for those bereaved or affected by suicide

62. Within the North East region the number of deaths by suicide, over the 2007-2009 period, has fallen by around 14%. However, around 220 people in the region still take their own lives each year. To bring the North East in line with the rest of the country a further reduction of around 18 cases per year is needed. In September 2010 the North East region launched a five year strategy for suicide reduction and a multi-agency Suicide Prevention Steering Group was established to progress this agenda within the North East.[5]

63. The overriding aim of the strategy is to ensure that by 2015 the suicide rate within the North East is reduced from its current rate of 8.5 per 100,000 population (in 2010) to the national average for England (currently 7.8 per 100,000 population).

64. The chart below highlights the Direct Standardised Rate (DSR) for mortality from suicide and undetermined injury in the North East for the period 2007-2009 (aggregate figure). In Middlesbrough the aggregate figure for mortality from suicide and undetermined injury is 9.96 per 100,000 population. This figure is above both the regional and national average.

[4] Consultation on preventing suicide in England: a cross government outcomes strategy to save lives, Department of Health, July 2011
[5] Fewer suicides in the North East, Media Release, NHS North East Mental Health Development Unit, September 2010



65. Concerns have been raised in recent years that rising unemployment will lead to a rise in suicides across Europe unless preventative action is taken. In a study of 26 European Union (EU) countries research has shown that rapid and large increase in unemployment are associated with short-term rises in working age men and women. In these contexts, every 1 per cent increase in unemployment is associated with a 0.79% rise in suicides at ages younger than 65.[6]

66. Research has also shown that people who are unemployed are 2-3 times more likely to die by suicide than people in employment,[7] with unemployed men more at risk than unemployed women.[8] It is widely acknowledged that unemployment can result in poorer mental health including anxiety and depression, low self-esteem and feelings of hopelessness – all of which increase the likelihood that someone will think that life is not worth living.

67. Given the current economic situation it is reassuring to note that the data, as taken from the 2011 suicide audit in Primary Care Trust Localities within Teeside, has shown only an increase in suicide rates in Redcar and Cleveland in 2008 and in Hartlepool in 2009.

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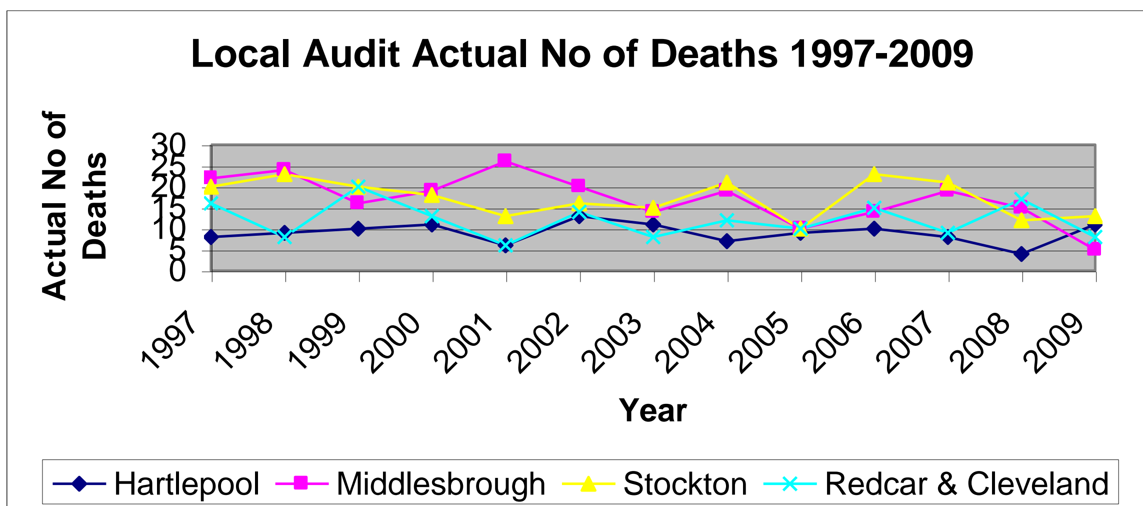
[6] Lancet 2009 Jul 25; 315-23 - The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. Stuckler D, Basu S, Suhrcke M, Coutts A, McKee M. Department of Sociology, Oxford University, Oxford, UK.
[7] Suicidal Behaviour and the Labour Market, in The International Handbook of Suicide and Attempted Suicide, K. Hawton and K. van Heeringen, Editors. 2000, John Wiley & Sons, Ltd: Chichester, West Sussex. p. 309-384
[8] Platt, S., Suicide and work, in Suicide in Specific Populations. 2003, Psychiatry. Copyright 2003 The Medicine Publishing Company. p. 25-28.



68. Data obtained from NHS Middlesbrough's 2011 suicide audit is presented below;

Year of death NHS Middlesbrough	Male	Female	Total	Population	Rate per 100,000 population
2007	14	5	19	90,500	13.60
2008	10	5	15	90,800	10.71
2009	5	0	5	90,000	3.56
NHS Middlesbrough Trajectory 2009					11.54

69. In light of the information presented above the panel extended an invitation to the Acting Director of Public Health for NHS Middlesbrough (in his capacity as Chair of the Teesside Suicide Prevention Task Force) to attend a meeting of the panel. In addition an invitation was also extended to the Council's Officer with special responsibility for mental health promotion / suicide prevention and the Samaritan Regional Director (North), as all have a key role to play in reducing levels of suicide in Middlesbrough.

70. The panel was advised that suicide prevention is a key priority for all NHS organisations and local authorities. The Acting Director of Public Health from NHS Middlesbrough stated that the prevention of suicide is not just the responsibility of one agency, it involves a number of different stakeholders working together to provide effective local suicide intervention strategies.

71. It was noted that a number of different factors can influence a person's decision to end their life by suicide. These include:-

- Gender – Males are more likely to commit suicide;
- Seasonal affect – the rate of suicides is higher in winter time especially at Christmas;
- Social Factors – unemployment, divorce, poverty, homelessness, imprisonment, bereavement, family conflicts, working conditions, a person's financial situation;
- Age – People aged 40 – 49 have the highest suicide rate;

- Sexual orientation – higher rate of suicides amongst the LGBT community;
- Health – people suffering from mental health problems, substance abuse, physical disability and long term or painful illnesses are more likely to consider suicide.

72. A combination of any of the above events or factors can be a potential trigger for suicide. Stigma, prejudice or harassment or bullying can also contribute to a person's decision to take their own life. It was highlighted that alcohol and some mood altering drugs act as depressants and these can also contribute to users experiencing suicidal thoughts. Members were also informed that, an individual who has self harmed is more likely to take their own life if the issue is not dealt with correctly.

73. Reference was made to the state of a person's emotional health and the impact this has on suicides particularly in men. The panel was advised that men are often encouraged from an early age not to show their emotions. It was stated that this is an issue that needs to be addressed and more work needs to be carried out in schools to encourage children to talk about their feelings and any concerns they may have. The benefit of providing training to teachers, pupils and parents was acknowledged by the panel and a member of the panel suggested that mental health training should be included in the school curriculum.

74. Members were advised that educational attainment is also a very important factor, which is strongly associated with a person's health and wellbeing. Generally people who have under attained in education do not achieve their full potential and this can have a detrimental effect on a person's self esteem. It was highlighted that having access to social and community networks can have a positive affect on a person's health and wellbeing.

75. In looking at the economic costs of suicide the panel was advised that it is very difficult to estimate the contribution that a person would have made to society if they had lived longer, as well as to estimate the intangible human costs to the person's family and the community. However, the total cost of suicide *per case* in England in 2009 has been estimated at £1.45million. If the estimate cost for England is applied to all 238 cases of suicide and injury undermined in the North East in 2009 (most recently available data) the projected cost to the North East economy is approximately £345million.

76. In respect of the government's draft suicide prevention strategy for England six key areas for action are identified to support the delivery of the two overriding objectives: -

    - Area for action 1: Reduce the risk of suicide in key high-risk groups
    - Area for action 2: Tailor approaches to improve mental health in specific groups
    - Area for action 3: Reduce access to the means of suicide
    - Area for action 4: Provide better information and support to those bereaved or affected by a suicide
    - Area for action 5: Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour
    - Area for action 6: Support research, data collection and monitoring

77. The panel was informed that in terms of high-risk groups the annual suicide reports covering the period 2007 – 2009 for NHS Tees has highlighted the following trends:-

Name of authority	Number of suicides	% of Male Suicides
Hartlepool	23	83%
Middlesbrough	39	74%
Stockton	46	70%
Redcar & Cleveland	34	71%

78. Of the 39 suicide cases in Middlesbrough the majority of people who committed suicide were under the age of 50 and significant numbers of those had alcohol toxicity in their body at the time of their death. Of the 34 suicide deaths in Redcar & Cleveland, 54% of the males were under the age of 50, 11 were over the age of 50 and 21% were retired. Of the 46 suicide deaths in Stockton, 75% were under the age of 50 and in Hartlepool 74% of the suicide deaths were under the age of 50.

79. It was highlighted that the suicide rate reduced in Middlesbrough in 2009 and locally there have not been any cases of very young people committing suicide. The number of suicides in the 15 – 34 age range, however, is higher in Middlesbrough than the England and North East averages. Members were advised that it is vital to address the issue of suicide at the earliest opportunity including raising the issue with children in schools.

80. The panel was informed that there remains an issue with the statistical information in relation to suicide deaths in that the data can be more than 12 months out of date and therefore it is difficult to identify any trends. It was highlighted that as a result of work undertaken recently with the Coroner's office and GPs regarding early notification of suspicious deaths, from 1 July 2011, a live reporting system is now operational in Middlesbrough which will enable clusters of suicides to be identified earlier. It was also highlighted to the panel that suicides, which occur in prisons are not recorded within the official statistics for a period of 3 – 5 years.

81. The panel was advised that from the data collated locally a number of emerging themes and issues have been identified where there is a greater likelihood of a person taking their own life. These factors are as follows;

- Contact with Criminal Justice Services;
- Males <age 50 but also the older population;
- Mental Health Service contact;
- Alcohol and substance misuse;
- History of self harm and previous attempts to commit suicide;
- Contact with Primary Care – it was highlighted that staff need to have the required skills to identify risks associated with suicide prevention;

82. It was also noted that further improvements could be made in co-ordinating information about individuals at risk including;

- Needs to be linked to local information – it is important to identify which services the person had contacted;

- Need to link information sources – it is important to find out any other information about the victim to assist in predicting which people are more likely to go on to commit suicide.

83. The panel was advised that in terms of local support groups for suicide prevention, the following groups have been established:-

    - Tees Suicide Prevention Taskforce – meets April and October of each year and is Chaired by the Acting Director of Public Health and is made up of representatives from a wide range of partnership agency groups including the Samaritans, the Police, Probation, Voluntary Organisations and the Council ;

    - Regional Advisory Group (RAG) Mental Health – reports to the Strategic Health Authority and disseminates national policies and evidence. Membership includes regional leads from the PCT and Mental Health services and looks at what is happening locally to tackle emotional wellbeing and mental health;

    - Middlesbrough Mental Health and Well Being Partnership – made up of multi agency groups and replaced the former Local Implementation Teams (LITs) - discusses what is happening in the area with regard to mental health and other issues;

    - Safer Middlesbrough Partnership – Deals with issues such as domestic violence, drug and alcohol abuse. Developed alcohol strategy and recovery strategy 2011 – 2013 to help prevent people from committing suicide.

84. In addition the following training courses have been established for people dealing with the issue of suicide;-

    i. Applied Suicide Intervention Skills Training (ASIST) – This training is delivered through the NHS. Middlesbrough has 2 trainers delivering the course which is aimed at preventing suicide;

    ii. Safetalk – This course deals with 'suicide alertness' training. It teaches participants how to recognise people with thoughts of suicide and keep them safe;

    iii. Mental Health First Aid (MHFA)/Youth Mental Health First Aid (YMHFA) – The YMHFA course is aimed at people working with young people to recognise the signs of mental health issues in children;

    iv. TAMHS and CAMHS - TaMHS is a 3-year national programme funded by the Department for Children, Schools and Families which aims to transform the way that mental health support is delivered to children aged 5 -13, to improve their mental well being and tackle problems more quickly. CAMHS specialises in providing help and treatment for children and young people with emotional, behavioural and mental health difficulties;

    v. Mental Health Awareness and Suicide Prevention Regional Training Directory;

    vi. Improving Access to Psychological Services (IAPT).

85. The panel was also informed that, as highlighted in the government's draft suicide prevention strategy, it is very important to gain the support of the media in ensuring that suicides are sensibly reported and that the media acts as a voice for Public Health. The Acting Director of Public Health for NHS Middlesbrough suggested that it would be beneficial if the Council could appoint a Champion for Mental Health to help tackle the issue of suicide prevention.

86. In terms of the work ongoing in an effort to respond to local trends reference was made to a Multi Agency Self-Harm Protocol, which has been developed, with the co-operation of young people to identify risk factors associated with suicide. It was highlighted that two schools in Middlesbrough are currently piloting the programme and it is hoped that the programme will be rolled out to all schools in Middlesbrough.

87. The panel was very interested to find out what support is available locally for those affected by suicide and which agencies provide this support for people in Middlesbrough. The panel was informed that the Cruse Bereavement Service is committed to ensuring that everyone can access the highest quality support following a bereavement, as well as to breaking the stigma around grief.

88. It was noted, however, that further work does need to be undertaken in respect of supporting people who have lost someone to suicide. It was advised that a suicide postvention strategy is required to ensure that the appropriate emotional support and information is provided to those affected by suicide. It was also suggested that more GP's be encouraged to take part in the ASIST training.

89. In terms of areas for improvement the panel was advised that further research needs to been carried out in respect of the support that needs to be provided for ex-servicemen. The panel was informed that suicide is the second highest cause of death in the Armed Forces and that in the the USA the Armed Forces have specially trained officers to deal with the issue of suicide. However, there are very few trained officers in the UK. The Samaritan Regional Director advised that the Samaritans have delivered a presentation to the Soldiers, Sailors, Airmen and Families Association (SSAFA) following the receipt of an increased number of calls from service personnel returning from Afghanistan.

90. It was noted that further research is also required on identifying hotspots and access to the means of suicide locallly, although it was noted that there appears to be no defined hotspots in Middlesbrough.

91. An interesting point was raised by the Council's officer with special responsibility for suicide prevention who informed the panel that at least 20 per cent of people who commit suicide have consulted their GP in the week preceding their death. The fact that individuals have taken the time to consult their GP means that at that time the individual had not taken the decision to end their life. However, they did not receive the level support / intervention they perhaps required to prevent from them taking their own life.

92. The Samaritan Regional Director also advised that many of the people who contact the Samaritans do not necessarily want to take their own life. It was noted that the Samaritans offer a confidential emotional support service available 24:7 for anyone in any type of distress or despair, which empowers people to talk about their

problems. The panel was advised that many of the people who contact the Samaritans are regular clients.

93. It was also noted that the Samaritans have developed a partnership with Mind to deliver a listening service. The service provided by the Samaritans involves listening to people and discussing their problems and the steps that led up to those problems. It has been agreed with the Samaritans that whilst working in partnership with Mind, in delivering the listening service, if the Samaritans have concerns about a service users safety i.e. they are at risk of self harm or suicide the Samaritans will inform Mind who can initiate appropriate intervention.

94. The panel heard that the Samaritans have a policy of self-determination and that if a person insists they are going to commit suicide the Samaritans will remain on the phone. It was advised that the Samaritans will always try to obtain a name and telephone number from the caller and if the person has provided this information the Samaritans will try to get assistance to the person if possible.

95. It was highlighted that many of the people who contact the Samaritans already have access to a crisis team and rapid response, however many still need to be able to talk about their problems with the Samaritans.

96. The panel was also advised that the Samaritans have recently carried out a national consultation on suicide entitled "Consultation for national stakeholders about suicide prevention in England". This 'Call to Action' encourages national organisations from across various sectors in England to commit to take action on this issue so that fewer lives are lost to suicide and that people bereaved or affected by a suicide receive the right support.

TO EXAMINE THE ACCESSIBILITY OF PSYCHOLOGICAL THERAPIES FOR BOTH ADULTS AND YOUNG PEOPLE LIVING IN MIDDLESBROUGH AND TO ESTABLISH WHAT LEVEL OF SERVICE PROVISION IS PLANNED FOR THE FUTURE

97. In February 2011 the government published *No Health without Mental Health,* a cross government, all age strategy for mental health in England. Alongside the strategy, the Department of Health also published *Talking Therapies: a four year plan of action* which outlines how the government's commitment to expanding access to psychological therapies will be delivered over a four year period, from April 2011. The key aims, as outlined in the action plan, are as follows:

- completing the nationwide roll-out of IAPT services for adults of all ages who have depression or anxiety disorders, paying particular attention to ensuring appropriate access for people over 65;

- initiating a stand-along programme to extend access to psychological therapies to children and young people, building on learning from the IAPT programme and using NICE approved and 'best evidence' based therapies where NICE guidelines are pending;

- broadening the benefits of talking therapies by extending them to people with physical long-term conditions or medically unexplained symptoms, which are physical symptoms caused by psychological distress; and

- expanding access to talking therapies for people with severe mental illness

98. The *Talking Therapies: a four-year plan of action* is also supported by a Government investment of around £400 million over the four years to 2014/15.

99. In light of this recent publication the panel was keen to examine the current provision of psychological therapies in Middlesbrough and to consider what level of service provision is planned for the future. The Mental Health and Learning Disabilities Lead for NHS Tees was invited to attend a meeting of the panel to provide evidence in relation to this aspect of the panel's review.

100. In terms of how accessible psychological therapies are in Middlesbrough it was advised that talking therapies are generally accessed via a referral from a patient's GP. It was explained to the panel that talking therapies are classified as any treatment that doesn't involve medication and has received NICE accreditation for the treatment of depression or anxiety disorders. The Tees: Time to Talk service provides access to Cognitive Behaviour Therapy (CBT) in order to help people manage mild to moderate anxiety and depression through various methods. This includes self-help books and leaflets, computerised CBT, one to one talking therapy sessions, group sessions and guided self help.

101. It was noted that talking therapies have proved to be as beneficial as anti-depressants and better at preventing relapse. It was stated that talking therapies are now seen as a first-line treatment for depression and anxiety disorders, combined where appropriate with medication, which traditionally was the only treatment available.

102. With regard to the Improving Access to Psychological Therapies (IAPT) programme on Teesside it was explained that the current contract is 2 years old and is referred to as The Tees: Time to Talk service. When drawing up the contract commissioners were mindful of the need to target hard to reach groups including men, as generally they tend not to access talking therapies. Yet men are at a much higher risk of committing suicide. Members of the BME community were also identified, as a hard to reach group and it was therefore included in the contract specification that people can make a self-referral to the service. It was stated that this had been quite a high-risk approach, as the service could have been inundated with requests. However, to date this has not been the case.

103. The panel was informed that the contract for the delivery of the IAPT programme in Teesside was awarded to Mental Health Matters but that a consortium arrangement is in place in Middlesbrough. This means that people can receive therapy from Tees Esk and Wear Valley NHS Trust, Middlesbrough Mind or Mental Health Matters.

104. Members questioned whether the demographic profile of Middlesbrough's service users for the IAPT programme fits with what would be expected for the town. It was stated that the demographic profile of Middlesbrough's IAPT programme service users is as expected and reflects population habits. Over the 2-year contract period for the IAPT programme 70% of service users have been female and the vast majority fall within the 18-65 age category. It was noted that Middlesbrough does have a high number of over 65's and under 18's who have received treatment through the IAPT programme, however the combined number still make up less than 10 per cent of the overall number of service users. The panel was informed

that on Teesside the IAPT service is aimed at people aged 16+ and that for children much younger a range of other treatments is available.

105. In terms of the BME community accessing the IAPT service it was explained that the number of BME service users is lower than the town’s population profile and that at present the target figure of 6% of service users from the BME community is not being achieved. It was stated that members of the Asian Women’s Group have highlighted that for many people within the BME community their family doctor is often a family friend and therefore people can be reluctant to discuss mental health issues.

106. The Mental Health and Learning Disability Lead for NHS Tees informed the panel that financial support has previously been provided to the Asian’s Women’s self help group to enable them to buy in their own therapy. It was noted that another route via which people can access talking therapies is through the walk in health centres. It was advised that there have been some referrals made to the IAPT programme via this avenue. It was stated that over the 2-year contract period there have probably been more male service users accessing the IAPT service than originally anticipated.

107. The panel was interested to find out how many accredited CBT therapists are working in Middlesbrough to deliver talking therapies. It was explained that prior to the rollout of the IAPT programme across Teesside there had been 6 accredited therapists working in Middlesbrough. Following the rollout of the programme over the last 2 to 3 years that number has increased to 24. It was noted that initially qualified CBT therapists were recruited in sufficient numbers to take on 2 trainees each. A training programme was commissioned from the University of Teesside and additional programmes have been provided for supervisors and mentors of trainees. Recruitment of qualified therapists has continued and the contract is actively monitored.

108. The Mental Health and Learning Disabilities Lead for NHS Tees explained that from September 2011 NHS Tees has invested in an additional 14 therapists across Teesside and a proportion of those will be based in Middlesbrough. The panel was advised that NHS Tees is working hard to ensure that the workforce is robust so that the demand for talking therapies in this challenging economic climate can be met. It was explained that at present the estimate of need for talking therapies is still based on figures from 2/3 years ago.

109. In terms of the number of people accessing talking therapies in Middlesbrough it was advised that the performance figures from the first quarter out turns for 2011/12 show that annually over 1000 will receive treatment and 100 of those will move off sick pay and benefits. It was advised that waiting times for treatment has been reduced to a maximum of 12 weeks and once an individual has been referred to the service they will receive treatment within the 12-week period.

110. Reference was made to the fact that Middlesbrough is a big prescriber of anti-depressant medication but that the introduction of the IAPT programme has led to proportionally less anti-depressant medication being prescribed. The panel was also informed that psychological therapies were previously never accredited and that talking therapies were only proven to be effective until 2007. In terms of the roll out

of the IAPT programme it was advised that Teesside is slightly ahead of the national curve.

Access for children and young people

111. One of the stated aims of the *Talking Therapies: a four year plan of action* is to initiate a stand-along programme to extend access to psychological therapies to children and young people. The panel was therefore keen to find out whether NHS Tees is in a position to become an early adopter site for delivering talking therapies as part of the Child and Adolescent Mental Health Services (CAMHS). The Mental Health and Learning Disability Lead for NHS Tees advised that NHS is as well placed as other areas to become an early adopter site.

112. The panel was informed that an exercise has recently been conducted with CAMHS and that a visit from the national support team for children's mental health services has been undertaken. Following the visit a member of the national team has been commissioned by NHS Tees to work in Middlesbrough to introduce changes into the service. It was acknowledged that there is a need to invest more at the front end of the system and to move the level of investment in children's mental health services from being concentrated at the higher end to address more lower level needs.

113. In terms of the IAPT programme for children and young people it was advised that a piece of work has been undertaken with Teesside University to help deliver training to the existing CAMHS workforce and this will enable workers to become accredited CBT therapists. It was noted that Teesside University has submitted a funding bid to the Department of Health in an effort to establish a pathfinder site on Teesside, although the outcome of that bid is at present unknown. It was advised that Teesside is trying to position itself as an early adopter site but if national funding is not secured then the workforce development programme will be used to extend IAPT provision to children and young people.

Access for people with long term conditions and medically unexplained symptoms

114. A further aim of the *Talking Therapies: a four year plan of action* is to broaden the benefits of talking therapies by extending them to people with physical long-term conditions (LTC) or medically unexplained symptoms, which are physical symptoms caused by psychological distress. The panel was therefore keen to explore how NHS Tees is planning to take forward this agenda. Members were advised that the current IAPT service in Middlesbrough is already available for people with LTC or medically unexplained symptoms, it was acknowledged however that take up has been low.

115. It was stated that where GP practices have an understanding of talking therapies take up rates are higher. The panel was informed that awareness raising sessions have been provided to individual GP practices across Teesside and these have been delivered by Dr Williams from Redcar & Cleveland. Dr Williams was the first GP in the country to qualify as a CBT therapist and has worked with a number of individual GP practices across Teesside to highlight the benefits and the impact that talking therapies can have on reducing a GP practice's drugs bill. It was stated that efforts are continuing to convey the message to GP's so that it becomes a routine

thought for GP's to offer psychological therapies for people who are suffering from depression or anxiety disorders.

116. In addition to targeting awareness raising sessions at GP's a focus has also been placed on raising awareness amongst the specialist out patient departments for long term conditions. It was explained that when people are first diagnosed with long term conditions, for example, Coronary Obstructive Pulmonary Disease (COPD) talking therapies can be very helpful in reducing the amount of anxiety an individual experiences. This in turn reduces the number of emergency referrals related to their condition. Similarly when first diagnosed with diabetes people can become very depressed and early intervention, through talking therapies, can result in better management of their condition.

117. The panel was advised that talking therapies for people with long term conditions are available to people in Middlesbrough and that the majority of GP's are supportive of the talking therapies agenda. It was stated, however, that at times it can be difficult to convince patients of the benefits of such treatment and that the general public, as well as GP's, need to be aware of the benefits that talking therapies offer.

Access for people with severe mental illness

118. Expanding access to talking therapies for people with severe mental illness is another key aim detailed in the government's *Talking Therapies action plan*. The panel was therefore keen to find out whether talking therapies are routinely offered to people with a severe mental illness. The Mental Health and Learning Disabilities Lead for NHS Tees advised that, where deemed appropriate, talking therapies are offered to people with severe mental illness. It was advised, however, that historically there had been very few qualified CBT therapists in the system and therefore NHS Tees had targeted its investment at the lower end of the spectrum, with the aim of treating more people with anxiety and depression. In turn this level of investment at the lower end has increased capacity at the more severe end to also enable psychological therapies to be offered to service users with severe mental health problems.

119. In terms of the current level of financial investment it was advised that just short of £3million of new money has been invested in talking therapies across Teesside since 2009 and that the annual contract value is in the range of £5million. It was advised that this resource is not under any threat and there is no indication that the resource will be eroded in the near future. The current contract for the provision of the IAPT service runs until September 2012 and after that time the question will be whether NHS Tees continues under a block contract arrangement for the IAPT programme or whether an "any qualified provider" contract is introduced. It was advised that the decision over future contract arrangements will be taken by central government next year and that NHS Tees would be advised of the outcome.

120. With regard to the financial benefits that talking therapies offer it was stated that these are widely documented in terms of preventing people from escalating through the system. The Mental Health and Learning Disabilities Lead advised that the efficiency savings achieved as a result would help to ensure that the IAPT programme is supported and maintained in the future, as the programme is effectively funded by savings at the higher treatment end. The programme has

already proven that it can help to keep costs down. In terms of marketing the service it was acknowledged that improvements could be made.

Performance data

121. The panel queried current performance in terms of people accessing talking therapies across Teesside. It was advised that the most recent performance data highlights that up until the end of August 2011 Middlesbrough has received the most referrals into the system across the four Tees PCT's. The Mental Health and Learning Disabilities Lead for NHS Tees stated that he was less worried about people accessing IAPT services in Middlesbrough than in the other three localities (Redcar & Cleveland, Hartlepool and Stockton).

122. Reference was made to the difficulties that many people are facing in the current economic climate, coupled with concerns about changes to the benefit system. A Member of the panel also highlighted the fact that at present a high number of people who apply for Employment Support Allowance (ESA) are found, following a medical assessment, to be capable of work (around 68% of all applicants). Members of the panel queried what impact these factors are having on people with mental health problems.

123. The Mental Health and Learning Disabilities Lead for NHS Tees advised that the IAPT service has worked very closely with Jobcentre Plus on getting people off benefits and by looking at how many hours an individual can work before their benefits payments are affected. It was stated however, that Jobcentre Plus has faced brutal cuts and that this is one aspect of the service that has been cut.

124. It was noted, however, that there is another service in existence, which is commissioned by NHS Tees from the Citizens Advice Bureau, to offer benefit advice for people with Mental Health problems and that the service seeks to maximise the benefits that an individual receives. In addition, the emotional benefits that working can offer an individual are highlighted and advice is also provided on how much a person can earn depending on the number of hours they work. It was noted that this service has had a lot of success.

125. Prior to the introduction of the IAPT programme it was stated that many GP surgeries in Middlesbrough had a councillor on site for a set number of hours per week and it was queried whether with the rollout of the IAPT programme these services are still in place. The Mental Health and Learning Disabilities Lead for NHS Tees explained that where GP's contribute to the contract arrangement then counsellors are not available on site at the individual GP practices. However, some GP surgeries have chosen to buy in a set number of hours of counselling per week. It was noted that where such arrangements are in place the allocated number of hours could be used up by a single GP within the practice. It was stated that NHS Tees is therefore keen to include this aspect of service provision in the IAPT contract.

126. The panel was interested to find out more about computerised CBT and how this type of service is provided. It was explained that 3 to 4 years ago NHS Tees commissioned a computerised CBT programme, which is fully accredited and approved by the Department of Health. The programme has proven to be very effective especially when individuals are guided through the sessions with a

psychological well-being practitioner. It is generally the case that individuals work through the sessions on a PC and then have direct contact with a practitioner at, for example, sessions 4 and 8. It was advised that in addition to the accredited programme there are also many non-accredited CBT programmes that are available online, which people can access.

Future funding provision

127. Reference was made to the £400million funding commitment that has been announced by the government for talking therapies over the 2011/12 to 2014/15 period and it was queried as to how this funding commitment will benefit Middlesbrough. The Mental Health and Learning Disabilities Lead for NHS Tees advised that £272 million of the funding announced by government is effectively money already committed previously to the IAPT programme. Of the remaining amount a proportion of the funding has been allocated to areas where IAPT has not been rolled out and so Teesside does not receive any of that funding. A proportion of non-recurrent funding has also been set aside for research and therefore approximately £10million has been put aside nationally for IAPT, which translates as 1.5FTE CBT therapists locally. It was stated that NHS Tees is therefore exploring the option of workforce development in order to train current staff to become qualified CBT therapists.

128. The panel queried whether there would be any changes to the current IAPT programme once the GP commissioning consortia is in place and fully operational. It was advised that with regard to the current Tees Time to Talk contract there would be a question over whether anyone would be in position to undertake a monitoring role in the same way as at present. The other issue relates to the type of contract awarded and whether the GP commissioning consortia will be required to move to an 'any qualified provider' contract in place of a block contract arrangement.

129. In terms of contract arrangements the Mental Health and Learning Disabilities Lead advised that Middlesbrough has good systems in place and that services users can access talking therapies provided by Middlesbrough Mind, Tees Esk and Wear Valley NHS Foundation Trust and Mental Health Matters. It was stated that at present there is capacity in the system to take on new referrals and that all providers are hitting the waiting time target of 12 weeks from referral to treatment. Staff sickness and staff training levels are also monitored.

130. Comments were invited from Members of the panel. A Member of the panel expressed the view that the IAPT programme has definitely helped absorb some of the people who prior to the introduction of the programme would have been on the list for long-term therapy. The programme has therefore helped to free up the availability of long-term services for people who need this type of support.

131. The panel also recognised that in many ways the IAPT programme is a preventative service in that for some people who access the service with a mild problem it will help to prevent them from developing a severe problem.

132. Members of the panel also expressed the view that everyone knows someone who could benefit from this type of service and yet people are unaware this service is available, including Members of the Council. Members expressed the view that

leaflets advertising the Tees Time to Talk service should be displayed in areas where people who are perhaps in need of support for stress, depression or anxiety visit including Erimus Housing Offices, the Citizens Advice Bureau, community centres and prisons.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

133. Based on evidence given throughout the investigation the Panel concluded that:

a) It has been evident throughout the panel's review that a substantial amount of work has been undertaken in Middlesbrough to help tackle the stigma and discrimination that people with mental health problems experience. The panel has been particularly impressed by the passion and commitment of those involved with the Middlesbrough Hearts and Minds Social Inclusion Group and their sheer dedication to helping improve the lives of people affected by mental health issues.

b) It is clear that the national Time to Change campaign is having a real impact on helping to change societal attitudes about mental health problems, as well as increase people's awareness and understanding of the fact that mental health problems can affect anyone. Yet despite the very positive work that is taking place at both a national and local level it is widely recognised that stigma and discrimination against people with mental health problems is still 'alive and kicking' and that sustained efforts are needed to address this issue.

c) A further area that remains of concern for the panel is that in Middlesbrough a large proportion (11.6%) of the working population claim incapacity benefit and 43% of those claimants' cite mental health conditions as the primary cause of their incapacity. Nationally it is evident that despite the recognised benefits of work in improving a person's mental well-being fewer than 16 per cent of people with a mental health condition (except depression) have a job even though between 86 and 90 per cent of this group want to work.

d) Given these facts it is clear that the value of the work undertaken by the FORWARDS Team in supporting people with mental health problems, as well as other disabilities, into work cannot be underestimated. The panel is keen to ensure that the service provided by the FORWARDS Team is maintained at its current capacity.

e) In Middlesbrough the aggregate rate figure for mortality from suicide and undetermined injury (for the period 2007-2009) is 9.96 per 100,000 population. This figure is above both the regional (8.5 per 100,000 population) and national average (7.8 per 100,000 population). Every suicide is both an individual tragedy and a terrible loss to society, and as in other areas of the country it is evident that men are at a higher risk of suicide than women.

f) A fact that also came to light during the course of the panel's investigation is that at least 20 per cent of people who commit suicide have consulted their GP in the week preceding their death. The panel is therefore keen to see a wider take up by GP's in Middlesbrough of the suicide ASIST training course.

g) The panel is very mindful that people affected by suicide, particularly family members and friends, require a great deal of support to help them come to terms with the loss of a loved one and the circumstances of their death. It was acknowledged by the Acting Director of Public Health for Middlesbrough NHS / Middlesbrough Council that further work needs to be undertaken in the Tees Valley in relation to this issue. The panel is of the view that a postvention strategy for people affected by suicide must be developed to ensure that people affected by suicide can access the support they need at the earliest opportunity.

h) It is evident that since 2009, with the roll-out of Improving Access to Psychological Therapies (IAPT) for people aged 16+ on Teesside, The Tees: Time to Talk service has enabled more people in Middlesbrough to access Cognitive Behaviour Therapy (CBT) to help them manage mild to moderate anxiety and depression through various methods. The number of CBT Therapists working in Middlesbrough has also increased from 6 to 24 and from September 2011 NHS Tees has invested in a further 14 Therapists across Teesside.

i) The panel recognises the excellent progress that has been made in this area and has also been reassured by the Mental Health and Learning Disability Lead for NHS Tees that the level of resources committed to IAPT services in Teesside are not under any threat and nor is there any indication that they will be eroded in the near future.

j) One issue, however, that is of concern for the panel is that although people within Middlesbrough are able to self refer to The Tees: Time to Talk service the panel is of the view that the service is not very well advertised and that people are unaware that they access this service without a referral from their GP. The panel is keen to ensure that leaflets and posters advertising The Tees: Time to Talk service are displayed in prominent places within the town.

k) The number of BME service users accessing IAPT services is lower than Middlesbrough's population profile and at present the target figure of 6% of service users from the BME community is not being achieved. The panel wishes to see further work undertaken in this area in order to meet the target.

l) Finally, although people aged 16+ can access IAPT services in Middlesbrough these services are not available for young people under the age of 16. It is recognised that this is the case throughout the UK and therefore the Government, as part of its *Talking Therapies: a four year plan of action,* is keen to initiate a stand-alone programme to extend access to psychological therapies to children and young people.

m) The panel is aware that a bid has been submitted to the Department of Health by the University of Teesside to establish a pathfinder site on Teesside although at present the outcome of this bid is unknown. The panel was, however, pleased to note that if national funding is not secured then the workforce development programme will be used to extend IAPT provision to children and young people on Teesside.

n) From the evidence presented during the course of the review Members are strongly of the view that there remains a real need to invest in early intervention services within Children and Adolescent Mental Health Services in Middlesbrough. The panel is keen to see a shift in the level of investment in children's mental health services from being concentrated, as at present, to the higher end of the spectrum to being reinvested in the lower in order to prevent problems from escalating.

RECOMMENDATIONS

134. That the Social Care and Adult Services Scrutiny Panel recommends to the Executive:

a) That high profile figures within the town, for example the Manager of Middlesbrough Football Club, be approached with a view to appointing a high profile Mental Health Advocate who can help to dispel the myths surrounding mental health issues and encourage people within the town, particularly men, to seek help.

b) That an opportunity to complete the nationally accredited Mental Health First Aid Training (MHFA) course be offered to all Councillors and that the Council's Chief Executive encourages all Members of the Corporate Management Team to complete the course.

c) The panel recognises the important work carried out by the FORWARDS Team in helping to support people with mental health problems to gain employment and requests that efforts be made to identify the necessary funding to continue the FORWARDS service at its current capacity.

d) That the PCT and successor Clinical Commissioning Group proactively engages with GP's in relation to the issue of suicide prevention and encourages a greater take up of the ASIST suicide course by GP's in Middlesbrough.

e) That a prevention strategy be developed in order to ensure that the families / friends of those affected by suicide receive the support they need at the earliest opportunity.

f) That all primary schools in Middlesbrough are encouraged to take up the offer of the Huge Bag of Worries project and that an officer within Children's Services is identified to support the delivery of this project. A small amount of funding may also need to be identified to enable officers within the Department of Social Care to continue to deliver this project in Middlesbrough schools. Where schools decline this offer a notification is to be sent to the Elected Members appointed as School Governors to notify them of their school's decision.

g) That the PCT and successor Clinical Commissioning Group invests and commissions a greater proportion of early intervention Children and Adolescent Mental Health (CAMHS) services and that a report is submitted by the PCT to the Social Care and Adult Services Scrutiny Panel in respect of this issue.

h) That sustained efforts be made to publicise The Tees Time to Talk service and that leaflets and advertisements for the service be displayed in prominent places

within the town. Including Erimus Housing Offices, the Citizens Advice Bureau, the Job Centre, at Mosques and other places of worship and at Middlesbrough Football Club.

i) That continued efforts be made to increase the number of service users from the BME community who are accessing the IAPT services on offer.

j) That the panel be advised by the Executive Director of Environment and Social Care of the intentions of Middlesbrough's GP Clinical Commissioning Group (CCG) in respect of commissioning mental health services using discretionary spend. The panel is particularly keen to find out whether Middlesbrough's CCG is proposing to commission any new mental health services and / or if mental health services in Middlesbrough will be delivered differently in the future.

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K Mallam, Volunteer Middlesbrough Hearts and Minds
Gabriela Rea, FORWARDS Team Manager
Rosamund Self – Job Coach
Aadam and Matthew – FORWARDS Team clients

BACKGROUND PAPERS

136. The following sources were consulted or referred to in preparing this report:

- Reports to and minutes of the Social Care and Adult Services scrutiny panel meetings held on 7 July, 28 July, 18 August, 8 September and 29 September 2011.
- No health without mental health: a cross-government mental health outcomes strategy for people of all ages, Department of Health, 2 February 2011
- Talking Therapies: a four year plan of action, 2 February 2011
- Consultation on preventing suicide in England: a cross-government outcomes strategy to save lives, Department of Health, 19 July 2011

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