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Welcome

Acknowledgements

This plan has been produced by the Mental Health Task & Finish Group which was made up of members from the County Durham Mental Health Partnership Board and the Darlington Mental Health Network.

The Task & Finish Group would like to first of all express thanks to the individuals who use or have used services and indeed their carers for contributing to the plan by completing surveys or attending the stakeholder events.

Also thanks to the many organisations that have provided valuable support and input to the production of this plan:

Breathing Space Project
Age UK County Durham
North Durham CCG
Durham Dales, Easington & Sedgefield CCG
County Durham & Darlington NHS Foundation Trust
Tees, Esk & Wear Valleys NHS Foundation Trust
National Council of Women of Great Britain
Foundation
Blackhall & Peterlee Practice
Sovereign Care
Richmond Fellowship
St Margaret’s Centre
Durham County Carers Support
Chester le Street & Durham City MIND
North East Ambulance Service
Countywide Service User & Carer Forum

Waddington Street Centre
Park House Surgery
Durham Deafened Support
DISC
Relate North East
Macmillan Information and Support Centre
Healthwatch
Community Alcohol Service
Mental Health North East
Family Action
Time to Change
Community Mental Health Team
Bridge End Surgery
Etherley Lodge
Gay Advice Darlington/Durham
Stonham
DCC Support & Recovery
Aspire
Dene Valley Partnership
Foreword

The foreword will follow

Dr Richard Lilly
Constituency Lead North Durham Clinical Commissioning Group

George Blakemore
Chair of the Countywide Service User & Carer Forum

Cllr Lucy Hovvels
Cabinet Portfolio holder for Healthier and Safer Communities
Mental Health Champion, Durham County Council
Introduction

A Collaborative Approach

This Implementation Plan has been developed in partnership with a wide range of organisations, people that use mental health services and carers. A Task & Finish Group was established to lead on the development which had representation from the following organisations:

- NHS North of England Commissioning Support
- Durham County Council
- Darlington Borough Council
- North Durham Clinical Commissioning Group
- Durham Dales Easington & Sedgefield Clinical Commissioning Group
- Darlington Clinical Commissioning Group
- Provider & Stakeholder Forum
- Countywide Service User & Carer Forum
- Tees, Esk & Wear Valleys NHS Foundation Trust
- NHS County Durham & Darlington Foundation Trust
- Healthwatch
- NHS England

Co-Production

The term “co-production” is increasingly being applied to new types of public service delivery in the UK. It refers to active input by the people who use all services, as well as, or instead of, those who have traditionally provided them. It emphasises that the people who use services have assets which can help to improve those services, rather than simply needs which must be met. These assets are not usually financial, but rather are the skills, expertise and mutual support that service users can contribute to effective public services.¹

The work of the group was to first of all gather information using the knowledge we already have as well as engaging with the wider workforce as well as users or past users of services and their family members or carers. This was achieved by holding community events as well as using surveys to capture experiences. A scoping document was also developed which allowed organisations to measure progress in line with the implementation framework.

¹ Co-production: an emerging evidence base for adult social care transformation (2012) Social Care Institute for Excellence

FACT

People with mental illness are at increased risk of the top five health killers, including heart disease, stroke, liver and respiratory diseases.

If you have a mental health problem you are four times more likely to die of a respiratory disease.

Smoking Cessation is a real problem for our patients as the programmes only seem to have an impact on people without mental health problems.

Gastrointestinal disease is raised at least four times and most of that are liver issues to do with alcohol.
By taking this collaborative approach it has allowed the Task & Finish Group to be well informed and equipped with the knowledge and understanding of what is working well, what needs to be improved and where the gaps are. This has enabled us to develop our key priorities.

The Implementation Plan covers ‘all ages’, is far reaching and aims to cover services for individuals with mild to moderate mental wellbeing needs as well as those with severe and enduring mental health conditions.

There are a number of facts\(^2\) throughout the document along with extracts from people’s personal stories and some of the responses to the survey questions. We received an overwhelming amount of personal stories and therefore we are unfortunately unable to include them all but a selection can be found in Appendix 1.

Thanks go to all those individuals and organisations who contributed.

**National Directives**

**No Health without Mental Health\(^3\)**

The publication of No Health without Mental Health: A cross government mental health strategy for people of all ages published in February 2011 drew together the wider principles that the government has laid down for its health reforms, including patient-centred care and locally determined priorities and delivery. At a national level, the strategy sets out the ‘high level’ objectives to improve the mental health and wellbeing of the population.

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

Resulting from this an implementation framework has been developed and sets out how progress would be monitored through the outcomes frameworks and made a series of recommendations for local and regional organisations to take forward.

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\(^2\) Parity of Esteem for Mental Health (2014) NHS England

\(^3\) No Health without Mental Health(2011) HM Government
These included providers and commissioners of mental health services, primary, acute and community health providers, the new health and wellbeing boards, social services, children’s services, public health services, housing organisations, schools and colleges.

The position statement of the Royal College of Psychiatrists states⁴:

- Mental illness is the largest single source of burden of disease in the UK
- No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact
- Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour
- Mental illness has not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year

Mental health practice should aim always to put the person’s needs at the centre of care planning and service delivery. No Health without Mental Health encourages recovery based approaches; this is further reinforced in the NHS Outcomes Framework as well as the Social Care Outcomes Framework.

A mental health dashboard⁵ was then developed which brings together relevant measures from a wide range of sources to show us the progress being made against these objectives and to give a clear, concise picture of mental health outcomes as a whole. The dashboard draws only on existing, publicly available sources of information and is not intended to hold individual organisations to account.

The dashboard covers the full, wide scope of the strategy and aims to provide a balanced picture across all six of the strategy’s objectives. It therefore focuses not only on mental health services, but also on the mental wellbeing of the whole population, the physical health of people with mental health problems, people’s experience of care and experience of stigma and discrimination.

The measures which make up the dashboard have been chosen for their relevance to these objectives and include those measures which are most relevant or important for mental health outcomes as a whole, not necessarily those which will be easiest, or even possible, for specific organisations (public services or other organisations) to affect. It focuses primarily on the outcomes we want to achieve, rather than how they will be achieved, or by whom.

The main purpose of the dashboard is to bring the best information we have about mental health outcomes together in one place, as a resource for everyone with an interest in improving these outcomes.

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⁴ Parity of Esteem for Mental Health (2014) NHS England
⁵ No Health without Mental Health, mental health dashboard, (2013) HM Government
**The Care Bill 2013-14**

The new Care Bill 2013-14 consolidates much of existing social care law along with best practise and creates a new obligation on local authorities to deliver the personalised agenda.

Many duties and requirements will be introduced particularly around assessments for carers and self-funders which will require a full care and support plan with Independent Personal Budgets for all adults who have eligible social care needs irrespective of whether they choose to have these met by the local authority.

The Bill will also for the first time set out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect.

**Children & Families Bill**

The Children & Families Bill will mean changes in law to give greater protection to vulnerable children and young people, a new system for under 25s who have special education needs and disabilities to provide great choice and control and help for parents to balance work and family life. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background.

**Closing the Gap: Priorities for essential change in mental health**

Closing the Gap supports the measures in the national mental health strategy No Health without Mental Health, the Mental Health Implementation Framework and the Suicide Prevention Strategy. It is intended to bridge the gap between long term strategic ambitions and short term actions through the 25 priorities for action – issues that current programmes are starting to address and where 'strategy is coming to life'. The government will report on progress on these priorities next year.

The document is a useful update on significant developments such as the Crisis Care Concordat. It emphasises the government's intention for parity between mental and physical healthcare as set out in the NHS Mandate.

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6 Care Bill Factsheets  
7 Children & Families Bill (2013) Department for Education & Department for Business, Innovation & Skills  
8 Closing the Gap: Priorities for essential change in mental health (2014) HM Government  
9 Mental Health Crisis Care Concordat: Improving Outcomes for people experiencing mental health crisis (2014) HM Government
Achieving parity of esteem between mental and physical health

In our society mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services. This is exemplified in part by lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

There is an ambition for the NHS to put mental health on a par with physical health. However, the concept of parity in this context is not always well understood. In this report, an expert working group defines ‘parity of esteem’ in detail, and examines why parity between mental and physical health does not currently exist and how it might be achieved in practice.

A Call to Action: Achieving Parity of Esteem

In July, NHS England launched A Call to Action, which began a programme of engagement and evidence collection that encourages everyone to contribute to the debate about the future of health and care provision in England. It also signalled the beginning of a process to develop a new strategy for the health service.

A discussion paper was developed which focuses on valuing mental and physical health equally. This resource focuses on one of the outcome ambitions set out in the strategic planning framework: to achieve ‘parity of esteem’ and is intended to stimulate debate between Clinical Commissioning Groups (CCG’s) and local partners to think about changes that can be made.

What do we mean by parity of esteem? It’s about equality in how we think about mental health and physical health care – it’s about how they’re valued. We need to ‘close the gap’ with physical health services – whether that’s a gap in access, in quality, in research, or even in the aspirations we have for people. As the report makes clear so powerfully, the current state of disparity is obvious. It is astonishing that in the 21st Century NHS, 3 in 4 people with common mental health problems receive no treatment, and even for psychotic disorders this figure is nearly 1 in 3. It is equally astonishing that people with severe mental illness are in some cases 3 or 4 times more likely to die prematurely from the ‘big killer’ diseases, when compared to the population as a whole. This says something, of course, not only about mental health services, but also how we treat people with mental illness, something which must change. (Norman Lamb MP, 2013)

“Her journey had seen her, through support, become able to socialise and enjoy a fuller life, attending a number of trips out and organised holidays. Her family also benefitted from her more positive outlook and that she was no longer isolated”.

10 Whole person care: from rhetoric to reality (Achieving parity of esteem between mental and physical health) (2013) RCP
11 A Call to Action: Achieving parity of Esteem; Transformative ideas for commissioners (2013) NHS England
Crisis Care Concordat: Improving Outcomes for people experiencing mental health crisis

The Concordat is a shared agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental health crisis need help – in policy making and spending decisions, in anticipating and preventing mental health crises wherever possible, and in making sure effective emergency response systems operate in localities when a crisis does occur.

The Concordat is arranged around:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crises

The Concordat expects that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These will consist of commitments and actions at a local level that will deliver services that meet the principles of the national concordat.

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12 Crisis Care Concordat: Improving Outcomes for People Experiencing Mental Health Crisis
Integrated Care

NHS England and Clinical CCG’s have a statutory duty\textsuperscript{13} to work with local authorities to promote integrated health and social care, making person-centred coordinated health and social care the norm for people with multiple health problems, including mental health problems, with a focus on supporting people with multiple health problems outside of hospital seamlessly. The Government has said that in 2015-16 it will allocate £3.8 billion of the NHS budget to "services that are commissioned jointly" - that is by the NHS and local authorities, which are responsible for providing social care\textsuperscript{14}. This is known as the Better Care Fund and there are local plans in place to enable this to happen. Integrated working can offer the opportunity for health and social care to operate equally, breaking down traditional barriers and creating seamless services. In particular, it provides the chance for the role of social care to be enhanced and recognised as a key contributor to the planning and delivery of services.

Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report\textsuperscript{15}

Following the BBC Panorama Programme on the abuse at Winterbourne view Hospital - The Department of Health set out a transformation programme that looks to ensure that those people with complex support needs due to a learning disability, mental health problem and/or autism are supported closer to home and where possible within their local communities. Each area is required to develop a local plan that sets out how people with complex support needs will be supported in the future.

Welfare Reform

The Welfare Reform Act\textsuperscript{16} legislates for a range of changes to the welfare system some of which will have a direct effect on people with mental health problems. It introduces a wide range of reforms including the introduction of Universal Credit, and changes to housing benefit. There has been concern amongst a range of mental health stakeholders nationally about the impact of welfare reform on people with mental health problems\textsuperscript{17}.

\textsuperscript{13} http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf, para 14Zi
\textsuperscript{14} https://www.gov.uk/government/topical-events/spending-round-2013
\textsuperscript{15} Transforming care: A national response to Winterbourne View Hospital (2012) HM Government
\textsuperscript{16} http://www.legislation.gov.uk/ukpga/2012/5/contents/enacted
\textsuperscript{17} http://www.rcpsych.ac.uk/policy/projects/live/welfarereform.aspx
Employment

Many people who experience mental health problems face difficulties in gaining and maintaining employment. They often face stigma and discrimination that sometimes results in losing their job or challenges in getting a job. People who experience severe and enduring mental health problems have one of the lowest employment rates. Only one user in five of specialist mental health services either has paid work or is in full-time education.\(^{18}\)

Think Autism

The government produced an update\(^{19}\) to the national autism strategy Fulfilling and Rewarding Lives\(^{20}\). This update sets out the new challenges people with autism and other stakeholders have set for us. They have identified 15 priority challenges for action where they wanted to see further change. In County Durham there is a local Strategy Implementation Group which has a detailed action plan in place which will reflect on this latest update.

Lesbian, Gay, Bisexual & Transgender

Lesbian, Gay, Bisexual and Transgender people are a minority community who often suffer from widespread harassment, discrimination and often at times, violence. The high levels of stigmatisation often lead to higher rates of mental health issues within the community with much higher instances of self-harm and attempted suicide.

The problems of discrimination are especially prevalent in the case of transgender individuals who have very little in the way of support and are often isolated within their communities. 53% of transgender individuals have carried out some form of self-harm in their lives, while 48% have attempted suicide at some point in their lives, with 33% more than once.\(^{21}\) These statistics seem alarming, however when put into context of a small isolated community with little or no support and a lack of community understanding they begin to make more sense.
Local Context

In order to be able to plan effective mental health services it is important that we understand the mental and emotional wellbeing needs of the population.

The collation of current information in relation to mental wellbeing needs to be coordinated better. Assessing need in relation to mental health and wellbeing is complex and there are a number of ways in which this challenging problem may be tackled. It is essential to consider sources of information which tell us who and where in our communities are receiving support for mental health issues alongside the range of wider determinants which impact on mental health and wellbeing and cause individuals to be more vulnerable to poor mental health.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Many of the acknowledged risk factors for mental illness are linked to deprivation. Measures of deprivation can help to identify geographical areas where the need for mental health services is likely to be the greatest. County Durham has some of the most deprived areas in the country.

There are many factors that may increase the likelihood of becoming unwell, such as:

- poor housing
- homeless
- financial poverty
- unemployment
- drug and/or alcohol dependency
- being a carer
- poor physical health
- having a learning disability
- lesbian, gay, bisexual and transgendered people
- people that have committed criminal offences

The North East Public Health Observatory published a Community Mental Health Profile for County Durham\textsuperscript{22} which is designed to give an overview of mental health risks, prevalence and services at a local level.

In County Durham there are already a number of plans and strategies which already contribute to the implementation of the National Directives to improve the mental health and wellbeing of the people of County Durham. The section sets the key local documents which have helped the development of this implementation plan and will support work required to meet the agreed priorities.

\textsuperscript{22} Community Mental Health Profile for County Durham (2013)
County Durham Joint Health and Wellbeing Strategy\textsuperscript{23}

The Health and Social Care Act places clear duties on Local Authorities and CCG’s to prepare a Joint Strategic Needs Assessment\textsuperscript{24} and Joint Health & Wellbeing Strategy which will influence commissioning strategies for health and social care, to be discharged through the Health and Wellbeing Board.

The County Durham Joint Health and Wellbeing Strategy is a document that aims to inform and influence decisions about health and social care services in County Durham so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

Strategic Objective 4 of this strategy is to improve the mental and physical wellbeing of the population through:

- Maximised independence
- Increased social inclusion
- Reduced suicides
- Increased physical activity and participation in sport and leisure

County Durham Public Mental Health Strategy\textsuperscript{25}

County Durham have a Public Mental Health Strategy in place, the primary purpose of the strategy is to reduce the number of people developing mental health problems through promotion of mental health, prevention of mental ill-health and improving the quality of life for those with poor mental health through early identification and recovery. Public mental health encompasses both mental health improvement and suicide prevention, recognising that mental health improvement is a vital tool in the prevention of suicide. This strategy outlines the implications for public mental health in light of No Health without Mental Health and Preventing Suicide in England, A Cross Government Strategy to Save Lives. Taking a life course approach, it recognises that the foundations for lifelong wellbeing are being laid down before birth. It aims to prevent mental ill health, intervene early when it occurs and improve the quality of life for people with mental health problems and their families. It is for people of all ages – children and young people, working age adults as well as older people.

\textsuperscript{23} Co Durham Joint Health & Wellbeing Strategy  
\textsuperscript{24} Co Durham Joint Strategic Needs Assessment  
\textsuperscript{25} Co Durham Public Mental Health Strategy
County Durham & Darlington Dual Diagnosis Strategy

The aim of this strategy is to identify people with dual diagnosis and ensure they have access to co-ordinated and responsive services to meet their complex and changing needs.

People with concurrent learning disabilities, mental behavioural diagnosis and substance misuse problems have reported difficulty in accessing services able to address their complex needs. Although guidance refers to ‘diagnosis’ it is vital that our focus is on the needs of people with dual problems. People with dual needs experience problems in many diverse ways with varying degrees of severity and may require different services to help them. The Co Durham & Darlington Dual Diagnosis strategy sets out ways to help individuals, families, providers and commissioners to work together to respond to the complex and changing needs of individuals living with dual diagnosis. This strategy is due to be presented for agreement at the November Health & Wellbeing Board.

Children, Young People and Families Plan 2014 - 2017

The Children, Young People and Families Plan 2012/2016 is the single overarching, multi-agency plan for the delivery of priorities for children and young people in County Durham. The plan draws on a vast range of evidence including the Joint Strategic Needs Assessment, performance data, policy drivers, legislation and the ongoing engagement with children, young people, parents, carers and partner agencies.

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26 Co Durham & Darlington Dual Diagnosis Strategy
The Children, Young People and Families Plan focus is on achievement of three outcomes:

1. Children and young people realise and maximise their potential
2. Children and young people make healthy choices and have the best start in life
3. A Think Family Approach is embedded in our support for families

The plan details a number of priority areas to deliver the above outcomes; including a specific priority on making children and young people more resilient. One of the key actions identified in this regard is to develop and deliver an emotional wellbeing strategy and commissioning plan.

The resilience strategic framework\(^{27}\) identifies the need to build the strengths and resilience of all children and young people. Resilience can be increased through the enhancement of protective factors which help children successfully adapt and cope with life’s challenges.

This framework aims to demonstrate the links to resilience in current Durham County Council strategies and plans rather than develop a separate strategy. It should be read in conjunction with the Children, Young People’s and Family Plan 2014-2017\(^{28}\).

**County Durham & Darlington Dementia Strategy\(^{29}\)**

The future needs of people with dementia and their carers need to be planned. A dementia strategy task group was set up to plan the future needs. The group took a stocktake of services, talked to people with dementia and their carers as well as people looking after them identified the gaps and priorities along with what new things we need to do differently. Our aim is to ensure that the population in County Durham and Darlington have the best possible services in place for those who have dementia, their carers and families, as well as those who have not yet been diagnosed with dementia along with a focus on prevention. This strategy is due to be presented for agreement at the July Health & Wellbeing Board.

**Recognised, valued & supported: next steps for the Carers Strategy\(^{30}\)**

It is important that the role of unpaid carers of those with mental health problems is recognised. We know that caring for someone with a mental health problem can be emotionally and often financially draining. In 2014, NICE issued clinical guidelines for ‘Psychosis and Schizophrenia in adults: treatment and management’.

\(^{29}\) Co Durham & Darlington Dementia Strategy (2014)
\(^{30}\) Recognised, valued & supported: next steps for the Carers Strategy (2010) HM Government
These introduced new requirements in respect of identifying and supporting carers, including the following:

- Mental health services to offer and provide carers with an assessment of their own needs; develop a care plan to address any needs identified; review this annually and advise carers of their statutory right to a formal carer’s assessment by social care services
- Give carers written and verbal information about diagnosis and management of psychosis and schizophrenia; positive outcomes and recovery; types of support for carers; role of teams and services; getting help in a crisis
- Negotiate with service users and carers about how information will be shared and review regularly
- Involve carers in decision making if the service user agrees
- Offer a carer-focused education and support programme

There are a number of services commissioned to provide a free high quality service to support unpaid carers this includes Young Carers, Adult Carers and Parent Carers who care for someone living within County Durham. These services provide confidential, non-judgmental and impartial one to one support, advice and information.

There are a total of 10,299 carers registered with the Durham County Carers Support service and of these 2007 are caring for someone with a mental health condition. Of these 2007, 1003 are caring for an adult with a mental health condition and 1005 are caring for an older person with a mental health condition. During the period from April 2013 to mid-March 2014 a total of 393 carers of people with mental ill health have accessed the NHS Carer Breaks & Opportunities funding and of the 393, 301 are caring for an adult and 92 for an older person.

Carer awareness training sessions are delivered to a range of professionals including trainee social workers and medical students. These sessions are broad and cover mental health awareness. Progress has been made to have carers of those with a mental health problem recognised by professionals as important partners in care but there is still a lot more that can be done as carers tell us that they still don’t feel valued.

One way in which we are overcoming these issues is to encourage mental health carers to become involved in local groups including the Triangle of Care and the Older Persons Involvement both in West Park Hospital and Lanchester Road Hospital. These groups give mental health carers the opportunity to put their views and concerns across, be listened to and to be involved in changes.

“I hate it. It’s hard not to get frustrated and I need to remember that it’s her mental illness and not her who is deliberately forgetting stuff. I feel like it gets harder as I get older, she forgets more and it puts a big strain on our relationship.”
We would like to see more of this type of group established in order for carers to work with professionals in developing and improving mental health services.

**Learning Disabilities**

It is estimated that there are approximately 1.2 million people in England who have some form of learning disability. It is well documented that for many people with a learning disability, this means significantly poorer health and the risk of dying younger. Access to healthcare through the use of reasonable adjustments and the delivery of annual health checks can identify early indications of illness, many of which risk going undetected, often due to the lack of understanding of many of the issues faced by people with a learning disability.

In Durham, people are working together to improve access to healthcare, this includes; accessing the Annual Health Check, hospitals, and other community services such as opticians, dentists and pharmacies.

Tees Esk & Wear Valley Foundation Trust provide community and inpatient specialist assessment and treatment services to people with learning disabilities and mental health problems, autism, epilepsy and challenging behaviour

**The current range of Service Provision**

This section explains the range of provision commissioned by NHS England, Clinical Commissioning Group’s and Durham County Council.

Although the NHS has traditionally been the predominant provider of local mental health services, a number of independent and voluntary sector organisations have played a key part in delivering specific services to complement those in the statutory sector. This was highlighted in the scoping exercise the Task & Finish Group undertook; this demonstrated that there is a range of services currently available from numerous service providers.

**Local Authority**

Durham County Council has developed a number of Mental Health services in the community. Some of these are delivered through the in-house ‘County Durham Care & Support’. Others are provided by a number of voluntary Community Sector services and Independent Sector Organisations across the county, who may be funded by both the Local Authority and the NHS.

The types of service provided include the following:

- Integrated MH Social Work/Care Co-ordination teams covering each locality area
- Specialist residential care
• Supported living
• Outreach and Community-based floating support
• Domiciliary Care
• Post Diagnosis support for people with autism
• Services for Older People with MH/Dementia issues
• Service-user led groups including Cree or Men’s Sheds/Dementia Cafes & My Space
• Day care & drop in/Social access groups
• Volunteering and peer support
• Education/Employment/Training Support
• Specialist Advocacy
• Community Wellbeing Support Service
• Social Prescribing

In addition the council is promoting the development of an increasing number of personalised, individual service options which are funded thought Direct Payments.

Clinical Commissioning Groups & NHS Foundation Trust

The Clinical Commissioning Group’s commission the majority of mental health services from Tees, Esk & Wear Valleys NHS Foundation Trust.

The trust provide community and inpatient mental health services for adults of working age in partnership with social care and a wide range of voluntary and independent service providers. The trust treats patients with psychotic illnesses and also those with affective illnesses, such as depression, anxiety and compulsive disorders.

Primary and secondary care is often referred to within mental health services. Below is a brief explanation of what is meant by each term:

Primary mental health services mainly provide support for people with mild to moderate mental health conditions, such as depression and anxiety. However, these services can also support people with some of the more severe mental health conditions if they are not at risk of harming themselves or others. GPs are usually the first point of contact for people with mild to moderate mental health conditions.

Secondary (or specialist) mental health services provide support for people with severe and complex mental health conditions, such as schizophrenia and bi-polar. They also support people with other mental health conditions if they are at risk of harming themselves or others.

There are two main hospitals within County Durham & Darlington; Lanchester Road Hospital in Durham and West Park Hospital in Darlington.
Adult services include:

- A wide range of community based assessment and treatment services including primary care, liaison, crisis intervention, assertive outreach, community affective disorders and psychosis teams and eating disorders; mental health services for people with a sensory impairment (deafness) and Attention Deficit Hyperactivity Disorder (ADHD) are also provided.
- Inpatient assessment and treatment services, including acute, intensive care, challenging behaviour and rehabilitation services
- Primary care psychological therapies (working with partners)
- The specialist regional North East and North Cumbria eating disorder inpatient services for adults, with “step up” and “step down” day hospital services for County Durham and Darlington patients
- Inpatient services as part of a national consortium and community based services to military veterans
- Tees, Esk and Wear Valleys NHS Foundation Trust is committed to delivering recovery orientated services and has developed a three years strategy aimed at embedding recovery principles into their policy and practice.

Recovery

Recovery in this instance equates to personal recovery and is a different concept to clinical recovery, which is focused on the absence of symptoms and ‘returning to normal’. Personal recovery is considered to be individually defined and is about living a satisfying and meaningful life, with or without symptoms.

A recent review of the recovery literature identified five components that have a significant role in most people’s recovery, namely: connectedness (relationships), hope, identity (beyond a diagnosis or service user), meaning and purpose to life and a sense of empowerment. These five factors are known collectively as the CHIME framework.

Services that are recovery orientated focus on the individual goals of individuals, recognising and building on their personal strengths, foster self-management and offer a range of opportunities for individuals to find meaning in their lives. Co-production, learning from and working with people with lived experience of mental health to develop and deliver services should be at the heart of genuine recovery focused approach.

Recovery has been described as:
“…a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond catastrophic effects of mental illness”.  

Recovery challenges conventional approaches to treating mental ill health. It is consistent with the government’s vision or public health and takes a more holistic approach to mental wellbeing and health improvement, rather than addressing mental illness in isolation from other important factors in people’s lives.

We know that current and former service users can help to support people who currently experience problems with their mental health. Peer Support is one way of helping people recover from mental distress and its impact on their lives. It enables people to provide knowledge, experience, and emotional, social or practical help to each other. Peer support relies on the assets, skills and knowledge in the community, and the recognition that local people can offer help in ways that are sometimes more effective than professional help.

As part of the Recovery Principles Strategy the Trust is working in partnership with service users, Durham County Council and a number of Voluntary & Community sector organisations to set up a Recovery College in County Durham. This college will be co-produced with those with lived experience of mental health, offering training opportunities for people with mental health difficulties to gain a better understanding of their difficulties and how to manage them as well as providing opportunities to learn from others with similar experiences to develop a meaningful and fulfilling life beyond mental illness.

**Child & Adolescent Mental Health**

The Children and Young Peoples Service includes all child and adolescent mental health services (CAMHS), including learning disabilities and early intervention in psychosis services. Most services are provided in the community with inpatient assessment and treatment and low secure services being provided at West Lane Hospital in Middlesbrough. West Lane Hospital is also the base for our specialist regional North East and North Cumbria eating disorder inpatient service for children and young people.

Health & Justice, North East & Cumbria

Forensic services are specialist services which treat patients referred by the criminal justice system because of mental health or learning disabilities conditions which have been a factor driving their offending. Tees, Esk & Wear Valley NHS Foundation Trust provide community, inpatient and rehabilitation forensic services for people with mental health problems and/or learning disabilities.

Inpatient services, including medium and low secure environments are based at Roseberry Park in Middlesbrough with step down units in Lanchester Road Hospital in County Durham and community rehabilitation services for people with learning disabilities at Oakwood in Middlesbrough. Community forensic services including criminal justice liaison services that work across the whole offending behaviour pathway, for example street triage in Middlesbrough and the mental health service within all seven North East prisons are also provided.

The Clinical Commissioning Group’s also have contracts with independent hospitals both in and out of the area. These provisions are utilised to support the most complex cases and offer a range of interventions.

Offenders are more likely to smoke, misuse drugs and/or alcohol, and/or suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population. Nearly half of all prisoners have anxiety or depression and nearly a third of all 13-18 year olds who offend have a mental health issue. For many offenders who have a mental health issue or vulnerability, prison can make their situation worse.

A high proportion of both boys and girls in secure settings have mental health needs and substance misuse issues. Approximately half of all deaths in or following police custody involve detainees with some form of mental health problem. 72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders.

Section 15 of the Health and Social Care Act 2012 gives the Secretary of State the power to require the NHS Commissioning Board to commission certain services instead of Clinical Commissioning Groups. These include “services or facilities for persons who are detained in a prison or in other accommodation of a prescribed description”.

It is NHS England’s responsibilities to commission directly health services or facilities for persons who are detained in prison or in other secure accommodation and for victims of sexual assault. NHS England carries out this function through 10 Health and Justice Host area teams on behalf of the 27 area teams across England.

FACT
Only 1 in 10 prisoners has no mental disorder

“The service from the team is great, however getting the service took several years”.

23
NHS England is responsible for planning, securing and monitoring an agreed set of services for:

- Prisons;
- Young Offender Institutions (YOIs);
- Immigration Removal Centres;
- Secure Training Centres;
- Secure Children’s Homes;
- Police Custody Suites;
- Court Liaison and Diversion Services; and
- Sexual Assault Services

NHS England is also responsible for specialised commissioning, for people who require a secure setting within a hospital. This is hosted by Cumbria, Northumberland and Tyne & Wear area team.

**Primary Care Development**

National Institute for Health and Care Excellence (NICE) approved talking therapies cover a number of services ranging from Counselling to Primary Care Psychology. NHS England’s programme of Improving Access to Psychological Therapies (IAPT) currently defines that CCG’s must ensure that a proportion of the population should receive NICE approved therapeutic input to ensure recovery from primary care mental health conditions.

Across Durham and Darlington there are 41 contracts across 30 individual providers of talking therapies. The structure of therapy available is diverse and varies significantly across localities. In some cases patient choice is restricted and there has been duplication identified in the access pathways.

Each Clinical Commissioning Group has approved a “case for change” paper and an engagement process will be developed to consult on a proposed new model for 2015/16. The focus of this model will be to streamline access into services, improve patient choice, provide stepped care and reduce waiting times for therapy during a period of increasing demand.

**Research**

Mental health research is becoming increasingly enshrined in care delivery of Tees, Esk and Wear Valleys NHS Foundation Trust. The growth of research within the trust is underpinned by collaborative partnership with Durham University, where strategic research priorities of primary care, youth mental health and drug safety are supported.

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**FACT**

There is a wider economic impact of mental health; full costs in England have been estimated to be £105.2 billion a year.

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“More social opportunities and physical activities encouraged and provided for service users and carers. This would help to reduce isolation, loneliness and obesity.”
Mental health research has added complexity to that of other disease areas due to associated consenting and retention issues. This makes robust links between primary and secondary care all the more necessary in order to deliver quality research as integral to the best patient experience. Working across care sectors through robust research partnerships is the aim of the new Clinical Research Network structures of the National Institute of Healthcare Research.

**Funding**

**How much do we spend on mental health services?**

No other health condition matches mental ill health in the combined extent of prevalence, persistence and breadth of impact\(^{32}\). The annual cost of mental ill-health in England is estimated at £105 billion\(^{33}\). By comparison, the total costs of obesity to the UK economy is £16 billion a year\(^{34}\) and cardiovascular disease £31 billion\(^{35}\). The Implementation Plan sets out to ensure that we are using existing funding efficiently and effectively to commission quality mental health services which meet the need of our communities. Ensuring we achieve value for money is vital because of the constraints on available funding in future years.

The Implementation Plan sets out to ensure that we are using existing funding efficiently and effectively to commission quality mental health services which meet the need of our communities. The table below shows the spend on mental health services within Co Durham for 2013/14.

<table>
<thead>
<tr>
<th>Total Investment in Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durham Dales, Easington &amp; Sedgefield CCG</td>
</tr>
<tr>
<td>North Durham CCG</td>
</tr>
<tr>
<td><strong>Total CCG</strong></td>
</tr>
<tr>
<td>Durham County Council</td>
</tr>
<tr>
<td>Older Peoples Mental Health</td>
</tr>
<tr>
<td>Child &amp; Adolescent Mental Health</td>
</tr>
<tr>
<td>Adult Mental Health</td>
</tr>
<tr>
<td>Public Health</td>
</tr>
<tr>
<td><strong>Total Local Authority</strong></td>
</tr>
</tbody>
</table>

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\(^{32}\) Promoting mental health & preventing mental illness, Freidli, L & Parsonage, M (2009)
\(^{33}\) The Economic and Social Costs of Mental Health Problems in 2009/10 (2010) Centre for Mental Health
\(^{35}\) Prevention of cardiovascular disease at population level (2010) NICE
Future Implications for consideration

National policy driving the Care Pathways and Packages Project (CPPP) continues to move Mental Health Services towards a tariff based pricing mechanism. The process will ensure a more outcome driven system focusing on improved information, streamlined pathways and an emphasis on quality. The current intention is to develop information and quality metrics during 2014/15 whilst adapting local tariffs at a Clinical Commissioning Group level.

Currently the system focusses on secondary care services for adults and older people however the project is expanding with pilots being developed for Primary Care, Learning Disability and Children’s Services.

The primary risks are:-

- The implementation of a National Tariff which would dictate prices based on a National average.
- The increase in the prevalence of mental health conditions and the increase in demand would no longer be absorbed by Mental Health block contracts.

Our Priorities

The aim of our implementation plan is to reflect the No Health without Mental Health outcomes strategy objectives into our local area. The priorities have been developed by the Task & Finish Group following the information gathering exercises and its analysis. The priorities can be seen in Table 1.

Implementation & Governance

The Task & Finish Group will become the Strategy Implementation Group and be responsible for overseeing the priorities set out in this plan (Table 1). The group will produce and be responsible for the delivery of the detailed action plan and will report directly to the County Durham Mental Health Partnership Board. There will also be a reporting arrangement to the Mental Health/Learning Disabilities Joint Commissioning Group which will develop appropriate commissioning intentions.

The final document will be formally signed off by the Health & Wellbeing Board in September 2014. The Implementation Plan will then be reviewed and revised on an annual basis. The membership of the Strategy Implementation Group will include key agencies, service user and carer representatives and a wide range of stakeholders.
### Table 1

<table>
<thead>
<tr>
<th>NHWMH Objective</th>
<th>Priorities</th>
<th>Lead Organisation(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. More people will have good mental health</td>
<td>1.1 Undertake a mental health population needs assessment</td>
<td>Public Health</td>
</tr>
<tr>
<td>(More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well)</td>
<td>1.2 Improve General Practitioner awareness of service provision by developing an easily accessible directory available on GP TeamNet</td>
<td>NHS England / CCG</td>
</tr>
<tr>
<td></td>
<td>1.3 Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles</td>
<td>CCG / DCC</td>
</tr>
<tr>
<td></td>
<td>1.4 Develop an Integrated Primary Care Model</td>
<td>CCG</td>
</tr>
<tr>
<td></td>
<td>1.5 Develop and implement a children and young people’s mental health, emotional wellbeing and resilience plan; this will include a section on children and adolescence mental health services (CAMHS)</td>
<td>Public Health / CCG</td>
</tr>
<tr>
<td>2. More people with mental health problems will recover</td>
<td>2.1 Work together to find ways that will support the armed services veterans and their families who have poor mental or physical health</td>
<td>County Durham Partnership</td>
</tr>
<tr>
<td>(More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education,</td>
<td>2.2 Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment</td>
<td>TEWV</td>
</tr>
<tr>
<td></td>
<td>2.3 To establish a recovery college</td>
<td>CCG</td>
</tr>
</tbody>
</table>
### Better employment rates and a suitable and stable place to live

| 2.4 | Ensure that all services adopt a ‘Recovery approach’ and utilise tools such as the outcomes star. This enables users of services to gauge and record their recovery progress and enables providers to identify individual outcomes and benchmark across services. | DCC / CCG |
| 2.5 | Explore opportunities to embed Peer Support models within contracts | DCC / CCG |

### More people with mental health problems will have good physical health

| 3.1 | Develop a more integrated response for people with both mental and physical health problems, in particular supporting people with common mental health problems (such as depression or anxiety). | CCG / DCC / Public Health / CDDFT / TEWV |
| 3.2 | Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles | Public Health |

### More people will have a positive experience of care and support

| 4.1 | Continue to improve access to psychological therapies. | CCG |
| 4.2 | Improve experience of Hospital Discharge Processes | CCG / DCC / CDDFT / TEWV |
| 4.3 | Through co-production involve individuals & carers more closely in decisions about the shape of future service provision. | CCG / DCC / Carer Providers / TEWV |
| 4.4 | Increase opportunities for personalised, individual service options via Direct Payments, Virtual Budgets or Personal Health Budgets | CCG/DCC |
| 5. Fewer people will suffer avoidable harm | 5.1 Implement the multi-agency Public Mental Health and Suicide Prevention Strategy for County Durham | Public Health |
| People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service | 5.2 To develop a more extensive accessible crisis service | CCG |
| 5.3 To be aware of the Crisis Care Concordat and coordinate a local response | All |
| 5.4 To work with Children & Adult Safeguarding Boards | CCG/DCC |
| 6. Fewer people will experience stigma and discrimination | 6.1 Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation. | CCG / DCC |
| Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease | 6.2 Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns | CCG / DCC / Provider Forum |
Personal Story 1

This person was referred to the project for support into volunteer opportunities helping people and to complete some further education to improve his employment opportunities, mental health and well-being.

This person has barriers he faces on an on-going basis every day he has a diagnosis of HIV, faces discrimination within his community and as a result had suicide ideation every day with recurrent thoughts his life is over. This person advised how he felt he could overcome this and together find meaningful activities giving him a sense of purpose. Additionally this person was under threat of losing his benefits this caused him great distress and this also impacted on increased suicide ideation.

This person was supported to secure his aims of volunteering with a local Hospice, working in the Family Counselling Department; additionally he is working with the manager to develop a new project to support others with HIV and Aids, something he is extremely excited and passionate about. This person feels he doesn’t have to hide his diagnosis in this environment and is fully supported by the staff.

The organisation supported this person in applying and securing a place at University to complete a Degree course in Psychology, filling out forms and securing funding for support with his dyslexia, he was successful in this and has been given the necessary aids to assist him. Additionally he has been allocated a personal tutor and mental health support worker from the university and they will provide additional assistance throughout his course with one to one support. He commenced with his course on 5th February and although he is finding it hard and wants to quit at times, however, he is continuing with his support and encouragement.

The organisation supported this person with completing his forms to secure long term DLA and he was successful in retaining full entitlement and a housing form to be re-homed away from his current address (awaiting outcome).

The organisation continue to work with this person and he has advised that because of his progression it has positively impacted on his life by reducing his suicide ideation, with the realisation he has meaning in his life through helping others.

Personal Story 2

A male in his early 50’s was referred to the organisation’s health trainer service via an occupational therapist to try and help improve his confidence in using a cooker independently. He was assessed and deemed safe to use the appliances within his own kitchen area. However despite the input of occupational therapy, he continued to eat unhealthily and not use his cooker to prepare meals. The Occupational Therapist (OT) had asked if the health trainer would work with him in order to give him more input to improve his diet and to increase his confidence in the kitchen. The OT had been aware of the organisation’s previous healthy eating workshops and felt that the client may benefit from dedicated health trainer input.
The client had Asperger’s syndrome and associated mental health difficulties and lived on his own. His mother, who previously prepared all of his meals, had been in a care home for the past two years. Since his mother has been in care he had only used a microwave to cook prepared meals. He also relied on his sisters to drop food off for him which he reheated in the microwave. He had very limited food choice due to his low confidence in cooking from scratch and not knowing what to buy from grocery stores which made him extremely anxious in public.

After an initial assessment it was evident that he was not getting enough fruit and vegetables in his diet. The health trainer identified what kind of foods he liked to eat and it was established that one of his favourite meals was spaghetti bolognaisae. On their second appointment the health trainer brought along a healthy recipe for spaghetti bolognaisae and supported the client to a local supermarket to cost up the ingredients and to help reduce his anxiety whilst in there. It was agreed that the following session he would have a go at cooking the meal from scratch which he successfully did.

The health trainer continued this work with the client for a couple of months and helped him to manage and cope with his anxiety through using the same familiar supermarket.

The client continues to shop on his own and at the end of his time with the health trainer service made a two course lunch at his home and invited the HT and the OT to join him proving to himself that he had achieved his goal of cooking and shopping independently.

**Personal Story 3**

**Individual**
- 45 year old male living on his own
- Diagnosed with mental health problems around seven years ago
- Formerly worked full time

**Background / Presenting Problem**
- Tendency to isolate himself from friends/family when mental health lapses
- Heavy smoker and occasional heavy user of alcohol
- Several visits to a crisis house for rest bite due to mental health relapses
- Very little engagement in any physical activity for a period of over a year.

**Support / Intervention**
- Referred to the organisation by care co-ordinator
- Referral to Health Trainer Service in 2013
- Now engages in weekly physical activities such as Gym and Badminton
- Social engagement at the centre and through weekly men’s group also at the centre
- Following NHS Stop Smoking Programme provided by the Health Trainer Service
Co-ordination between Health Trainer Service and care worker to establish better shopping and eating habits.

Results / Impact
- Improvements in physical health including weight loss and lowering of blood pressure
- Ability to make healthier lifestyle choices around diet and able to better control alcohol use
- Increased confidence in using gym equipment and public leisure facilities
- Successful attempt at quitting smoking after years of heavy smoking
- More active social life and friendships made/developed
- Accessing support services through the centre at local providers and educational institutions.

For the future
- Ongoing work with Health Trainer Service in classroom based and physical activities
- Continuing with education and building up of knowledge around his own mental health condition and staying well through local service providers and courses ran at the centre
- Attending men’s Cree Group weekly to engage in social interaction and make of use services on offer such as welfare rights, help with finances and having a healthy meal.

Personal Story 4
Coming to the organisation has really helped me a lot with confidence and has changed me. Once, I never left the house, went on the bus by myself or mixed with other people, the organisation has helped me with my anxiety and depression and my understanding of them by mixing with people with the same illnesses. I love coming here, the staff are really friendly and supportive and I have made lots of new friends by attending the courses on offer. They are really helpful in learning new things and all help towards the future and my plans in what to do next. This organisation is the best place to come; I love it and the staff very much.

Personal Story 5
I have been using the service for over a year now. The reason I use the service is because I have been diagnosed with clinical depression and I did attempt suicide nearly 4 years ago, I was referred to the service by mental health professionals who said that physical activity would help my mental health, I refused to believe this at first.

My depression and suicidal thoughts led to me staying in the house and not wanting to leave or go out, hence my weight went up to 25 stone, this became my normal way of life and I would sit in the house and cry and be snappy and angry with anyone who came in to the house including family members, this deteriorated overtime and caused loads of arguments.
Since working with the Physical Activity service I have lost over 8 stone gradually and I am still losing weight, I have never been judged by anyone at the organisation and I have always been comfortable with the way I have been supported to achieve my goals. Through the fantastic support I get off all the staff not only has my weight decreased but my depression is subsiding and I feel a lot better in myself and my family life has improved.

I take part in the activities 4 day per week, playing badminton on a Tuesday, I attend Happy Wednesdays at Seaham and Happy Thursdays at Peterlee, we do a wide range of activities, i.e. Badminton, Bowls, Table Tennis, Short Tennis, Curling, Boccia, etc we also have board games, and it’s great to meet new people and sit and chat in between activities, I have had a lot of support and encouragement from the staff and this has inspired me to do well. I wouldn’t be where I am today in my life, my mental health issues are getting better and I am now in a position to cope with my depression, my family have also given me great support and encouraged me to take part in the groups and the physical activity and this has made us all much happier at home.

The staff has made such a difference to me and my family, I feel in a much better place than I was, I love going to the groups and doing exercise and meeting new people in a relaxed friendly environment that I feel safe in.

I would just like to say a big THANK YOU to the staff for the cracking job that they do and I can’t compliment their service enough, I don’t snap or get angry as much these days, I still have bad days and my depression hasn’t gone, but I have lost weight and I am stable and with the support and keeping up with the physical activities I haven’t got time to think about bad things and am mostly kept busy with the activities, I take part in. The staff have linked me in to other groups and activities such as the “Shape Up Activity” where we learn about how our bodies work and what portion size to eat and what to eat and when to eat, we also are shown relaxation methods and exercises “Its Fun” and interesting and I know that socially it’s good for me.

With me attending the activity sessions and groups, my wife now comes along and that has helped her understand and come to terms with my illness and helps her with her mental health issues, my son has now been referred in to the organisation and this provides him with support for his depression, my son in law is seeing the impact this support is having on the family as a whole and he is going to attend. In the groups we get support with our mental health but also our general wellbeing.

Another big step in my recovery is that I am now a volunteer for the Physical activity Service, I volunteer 4 days a week and it is so rewarding I get a lot out of it as well as keeping my self-fit, I enjoy meeting new people on the service as I know what they feel like and I enjoy helping them settle in and helping them to feel relaxed and enjoy themselves.

**Personal Story 6**

When I was growing up I perceived myself as different; I was withdrawn, found it difficult to socialise and maintain friendships and anxious. This wasn’t to improve as I matured and when I was sixteen my life was about to change course drastically for
myself and my family; I was diagnosed with paranoid schizophrenia. At the time I was alone different from my contemporaries who seemed to achieving their goals I was on a different journey, a journey of self –discovery and a crash course in the mental health system. But it wasn’t just devastating to myself my whole family were being dragged along in this destructive illness.

At sixteen, you don’t expect to be walking the wards of a mental hospital in which, I deluded myself I was different but we were all people trying to cope with a debilitating illness. I felt I was a patient not a person my right to live a responsible life had been replaced with fear of who I was and what I may be capable of. But I quickly recognised I was ill after taking the medication which didn’t eliminate my symptoms but helped me manage them. Although they seemed a bit of a catch 22, I put on weight became impotent and almost like being in a chemical straight jacket. I was thrown into day centres which made me feel even more like a patient and was crying out so called normality. I think what saved me at this time was I was always a conformist, I had an insight and I was open to talk about it to anyone who would listen. So I accepted my new situation and I adapted to it but I wanted to make myself functional and whole living a fulfilling life I wanted to make a difference to my lifestyle and I wanted a future outside the world of mental illness.

I came to Barnard Castle after years of struggling, it felt like I had no choices in the NHS and nobody took the time to look behind the wall I had put up to protect myself and I was dehumanised by some. It isn’t always the spoken word that can reveal a person’s stresses or turmoil, but if don’t try to unlock the clues, then how can you solve the puzzle that is before you. But slowly I was given choices about my medication, listened to and I began to see small differences to my life there was a light glimmering at the end of my tunnel. I lost weight which boosted my self-confidence through exercise with the change of medication given CBT which helped with my ingrained behavioural traits due to years of voices and intrusive thoughts and I sought a relationship which intern opened my horizons and experiences. But I think what had been one of the foundations of my recovery was when I was taken out of my dysfunctional situation (probably due to my destructive illness) given my independence in my own home through the organisation and became part of their progressive organisation as a volunteer.

The organisation presented me with opportunities and the tools to empower myself to make a difference. They slowly encouraged me through my support workers to build on the qualities I already had but probably didn’t realise it. It wasn’t them and us we are a community working together towards improving people’s lives with mental health that so many stigmatise and belittle their role in society. So being a volunteer gave me responsibility, an outlet for my lived experiences and the tools to improve my well- being and self –esteem. We have moved together so far but I think the thing that has made the biggest difference is studying Intentional Peer Support, The Wellness Recovery Action Plan and Mental Health First Aid alongside an NVQ in Health and Social Care. I think studying these gave structure to how we delivered our volunteering and something that made a positive impact on our own mental health perspective. I now see myself as a capable adult not a mental health patient or someone with a label. I am responsible with my illness and at the same time contributing and with intentional peer support giving something back through lived experience to those starting their journey and also validating my own life experience.
So what does recovery mean to me? It means I have found answers and finding fragments of my jigsaw put the pieces together and made a whole person. It’s a story of hope not fear and I am have not settled for just managing and coping or using avoidance I have worked at having a future. We can see ourselves as fragile, be angry and resentful of our situation or we can accept, adapt and take positive risks and make ourselves resilient. There is only one person who can do this that’s yourself but with support of your peers what seems impossible is achievable. So why settle for second best which is mental illness you have one life give it a future.

Personal Story 7

Our Young carer said that they were happy to have their words shared because they would like to help other young people who might be affected by similar situations and that they want to raise awareness about the impact that parental mental health has on the young person.

A 17 year old female who cares for her mother who has a diagnoses of fibromyalgia and depression.

Do you feel as though you have been emotionally impacted by your mams mental health?

“I hate it. It’s hard not to get frustrated and I need to remember that it’s her mental illness and not her who is deliberately forgetting stuff. I feel like it gets harder as I get older, she forgets more and it puts a big strain on our relationship. Now I’m older I do know more about her depression, but it’s still hard. You need to know about it to deal with it. If you don’t know then you don’t know how to help. When I was younger I felt confused because I didn’t understand why she would forget important stuff about me or anyone else”.

Do you feel as though this has an impact on school?

“I felt out of it a lot at school. When I was in school I wasn’t concentrating, and when I was out of school I would never think about school. School just didn’t feel like my priority. School really stressed me out because they were always on my back. I know that they had to be on my back because my attendance was low, and I even understood at the time, I just had so much on my mind. Going to school just wasn’t my priority. My work was good, my grades were good enough and I did quite a lot of work at home. When I went to school I would worry about my mam, sometimes I would just leave school through the middle of the day in a panic that she might have forgotten to do something important, or that she wasn’t ok.”

“Then people started rumours at school about me because my attendance was so low. They didn’t realise that I was looking after my mam, they said I was anorexic. This made it really hard to go back to school. I did have problems with my eating and the rumours and gossip made it worse. It was really hard”.

“I had the attendance officer on my back a lot and this could feel patronising. This would stress my mam out, and then I would have to deal with my mam, and then this would stress me out”.
Do you feel like your mam’s mental health impacted you socially?

“Yeah it did. I had one friend in school who I could speak to and who understood me. But all the other friends just joined in the rumours. They said that I had a disease, that I was pregnant and more stuff about anorexia. Now that I’ve finished school I don’t really have many friends. I don’t go out much and I have social anxiety, I get anxious about a lot of things. I have made some friends through being supported by Young Carers, but it is still a struggle. I can push people away, if I don’t see them then I don’t see the point, this happens because I feel like I can’t leave the house sometimes because I freak out. I have ups and downs and sometimes feel fine to go out, other times I can’t at all”.

Do you feel like parental mental health has had an impact on your family relationships?

“Yes, I used to argue with my younger brother because he used to believe everything my mam would say. He has grown up now and matured and can see that not everything mam says is true. So now we don’t clash as much as we used to. He understands more. I get on really well with my older sister. She understand exactly how I feel because she was my mams carer first, she had it the hardest. She understands what me and my brother go through. I don’t get on as well with my mam as I used to, she can sprout lies about me to the rest of the family, and this makes tension between me and my mam and the rest of the family”.

How do you feel about the work you have done with the Young Carers Service?

“Young Carers have done loads. They have helped with my social anxiety. I have been to London and met new friends. I feel like I have been able to relate to the other young people that I have met. I have been on a train and been to York with them, I have got to go to places I would never have been to before. It’s felt really good to be a part of. I have experienced new things, I got to speak to MP’s and had the chance to have my thoughts heard. I feel much more tolerant of people when I am out now, I used to be quite closed minded and even a little bit racist. But now I’m not at all, I’m much more open minded through meeting new people and hearing about other people’s situations. This has totally changed my views. I sometimes feel better in myself. Before I got involved with the Young Carers, I felt very sorry for myself, but now I have met other young people and it’s opened my eyes. There are really young people doing so much for the people they care for and they are really happy, it has helped put a lot of things into perspective. So I have realised that I could out of it and make changes for myself and stop feeling so sorry for myself.”
Glossary

Our glossary lists some website links which may be useful to explain some of the terminology used within the document and to seek further information about the documents we have referred to.

Useful Websites

Mental Health A to Z
http://www.mind.org.uk/information-support/mental-health-a-z/

Types of Mental Health Problems
http://www.mind.org.uk/information-support/types-of-mental-health-problems/?gclid=CPmEn8yN6rwCFfLHTAod130Atg

A guide to Mental Health terminology

Mental Health: The Facts

North Durham Clinical Commissioning Group (ND CCG)
http://www.northdurhamccg.nhs.uk/

Durham Dales Easington & Sedgefield Clinical Commissioning Group (DDES CCG)
http://www.durhamdaleseasingtonsedgefieldccg.nhs.uk/

North of England Commissioning Support (NECS)
http://www.necsu.nhs.uk/

Durham County Council
http://www.durham.gov.uk/

Footnotes

www.scie.org.uk/publications


3. No Health without Mental Health (2011) HM Government
https://www.gov.uk/government/publications/the-mental-health-strategy-for-england


21. Trans Mental Health Study (2012)  

22. Community Mental Health Profile for County Durham (2013)  
http://www.nepho.org.uk/cmhp/

23. Co Durham Joint Health & Wellbeing Strategy  

24. Co Durham Joint Strategic Needs Assessment  

25. Co Durham Public Mental Health Strategy  

26. Co Durham & Darlington Dual Diagnosis  
Not yet published, in draft form awaiting sign off

Durham County Council  
Not yet published, in draft form awaiting sign off

Co Durham & Darlington Dementia Strategy

29. Co Durham & Darlington Dementia Strategy  
No yet published, in draft form awaiting sign off

https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy


32. The Economic and Social Costs of Mental health Problems in 2009/10 (2010) Centre for Mental Health
http://www.centreformentalhealth.org.uk/pdfs/economic_and_social_costs_2010.pdf


34. Prevention of cardiovascular disease at population level (2010) NICE
http://guidance.nice.org.uk/PH25