



**North East and
North Cumbria**

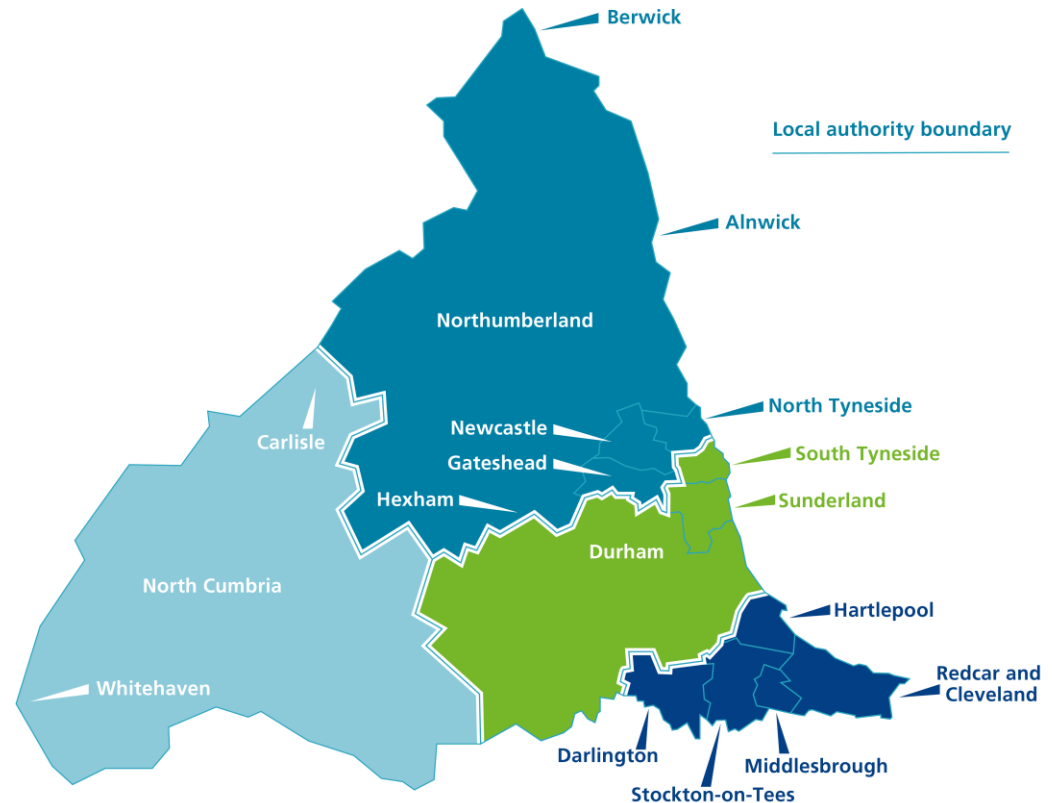
Strategic Overview of Mental Health

Levi Buckley

**Executive Area Director (North) and SRO for
Mental Health, Learning Disabilities and
Neurodiversity**

Challenges for people living with mental ill health

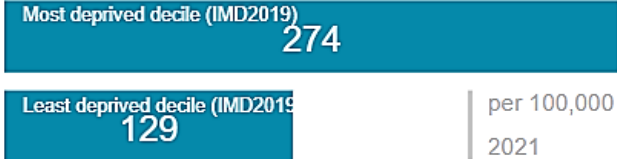
- Lower life expectancy than rest of England
- Gap in life and healthy life expectancy between affluent and deprived communities
- More likely to spend their lives in poor health
- Increased risk of dying from preventable diseases
- Certain Inclusion Health Groups markedly worse health



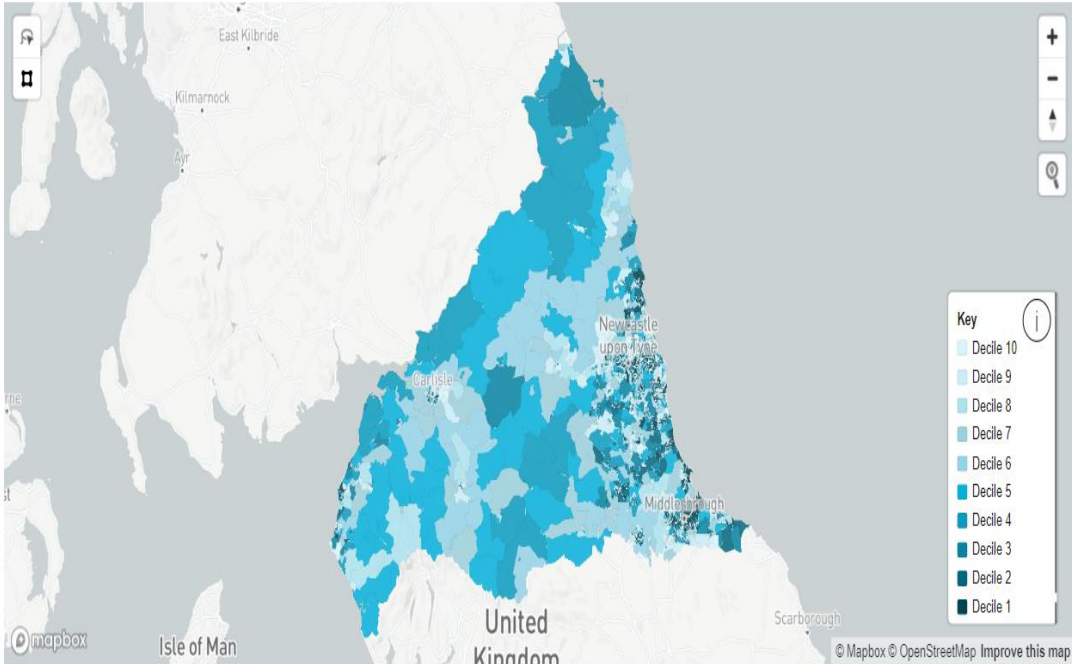
Living in an area of deprivation is the single biggest risk factor for mental ill health

The association between wider determinants and health: In England premature mortality is more than twice as high in the most deprived areas compared to the least deprived.

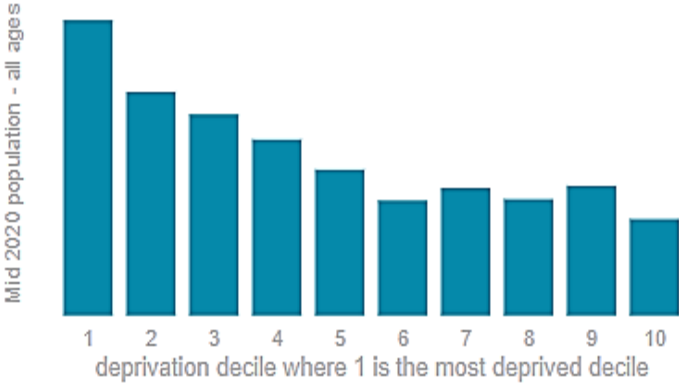
Under 75 mortality rate from causes considered preventable



Source: OHID, [Public Health Profiles](#), 2022



Population size by deprivation decile



Inclusion health groups

Inclusion health groups in the UK are population groups that are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. These groups include:

- Homelessness
- Migrants and refugees
- Gypsy, Roma and Traveller communities
- Substance and alcohol misuse
- Involved with the criminal justice system, including prisons
- Sex workers



Key metrics for mental health and wellbeing in NENC

Depression: QOF prevalence (18+ yrs)
| 2021/22



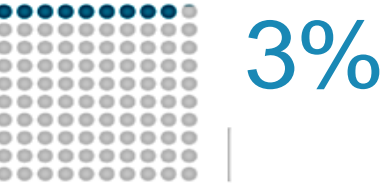
Self-reported wellbeing - people with a high anxiety score
| 2021/22



Self-reported wellbeing - people with a low happiness score
| 2021/22



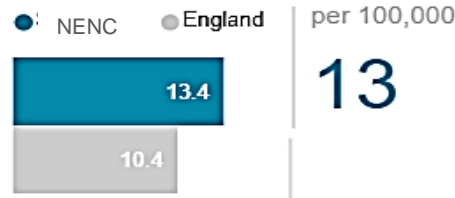
School pupils with social, emotional and mental health needs: % of school pupils ...
| 2021



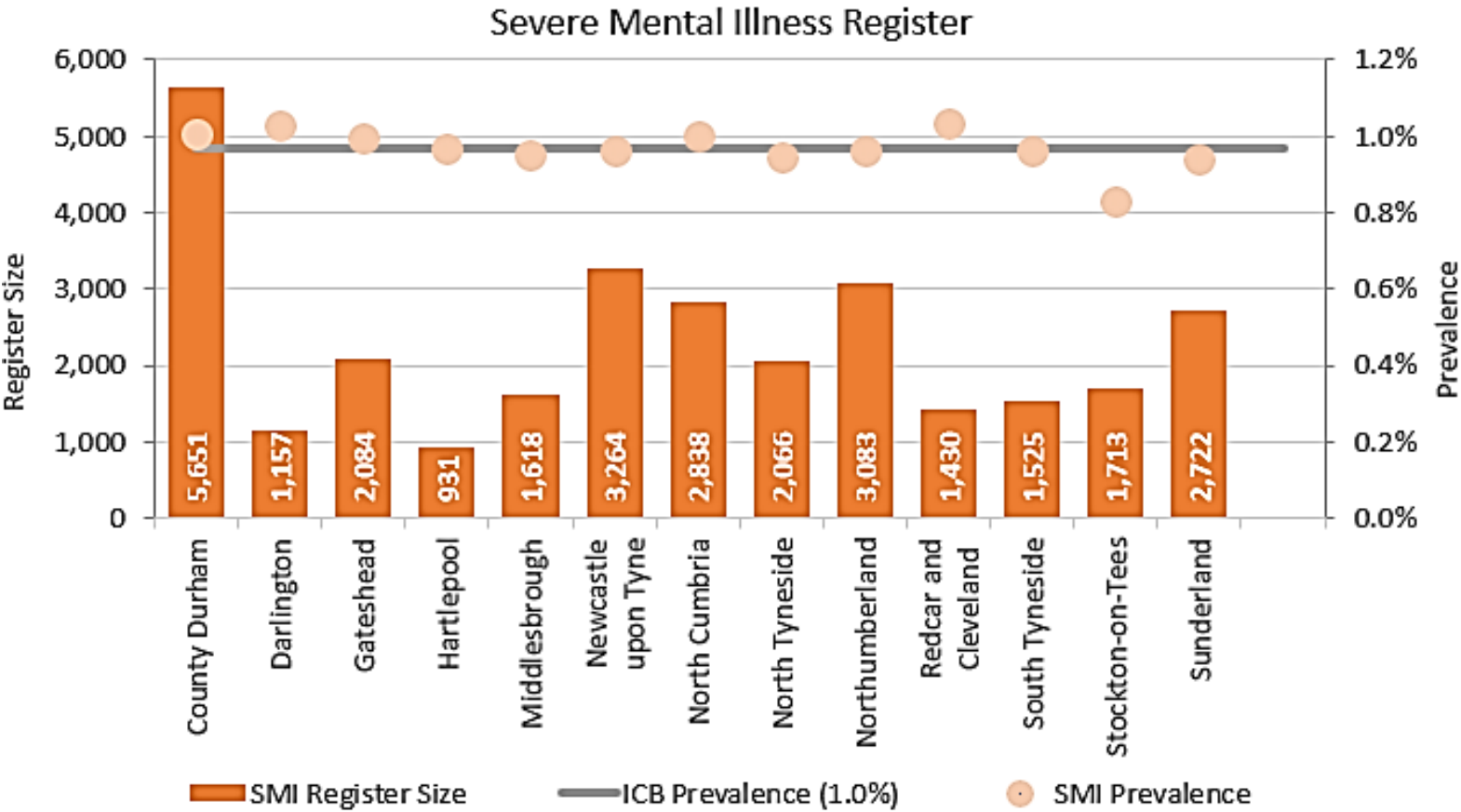
Emergency Hospital Admissions for Intentional Self-Harm
| 2020/21



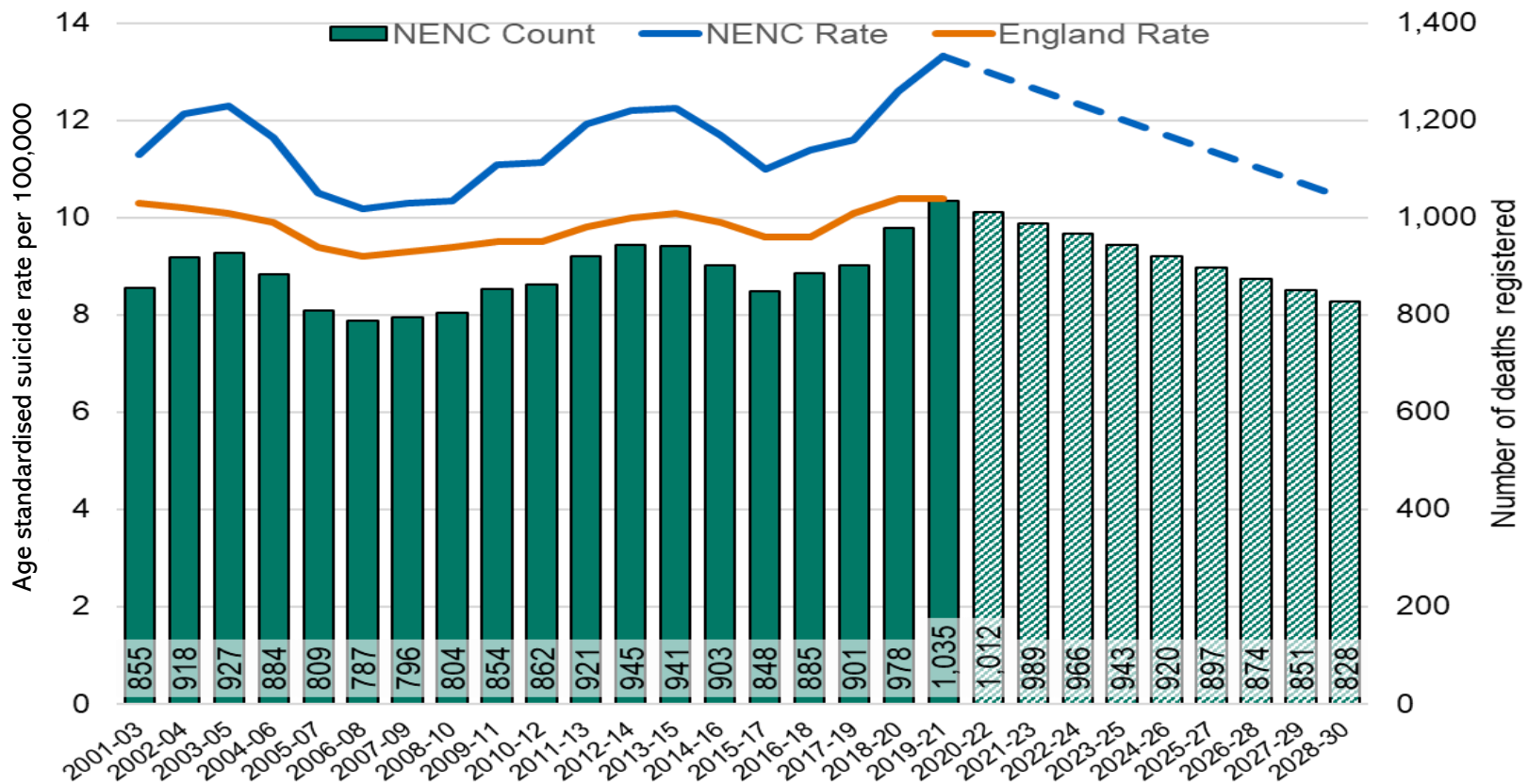
Suicide rate
| 2019 - 21



Prevalence of severe mental illness by local area



Trend in suicide in NENC and trajectories needed to halve rate by 2028 / 30



Major challenges in access to mental health support

Talking Therapies for Anxiety and Depression

- Number of people accessing treatment not meeting national trajectories
- High numbers of people waiting over 18 weeks for treatment
- Recovery levels good, for those that do receive treatment

Children and Young People

- Increasing need, acuity and referral levels to Children and Young Peoples services
- Waiting times for urgent support steady, but waits for routine care have worsened significantly during and since pandemic

Crisis and Urgent Care

- Crisis Resolution and Home Treatment Teams under significant workforce and activity pressures
- Waits to be seen in Emergency Departments over 12 hours are increasing
- Not enough community based, alternative to crisis services available with wide variation in areas

Major challenges in access to mental health support

Hospital and inpatient care

- Hospital wards are often full and difficult to access
- Ward environments not always fit for purpose (autism)
- People have to stay in hospital longer than necessary due to lack of housing and support alternatives

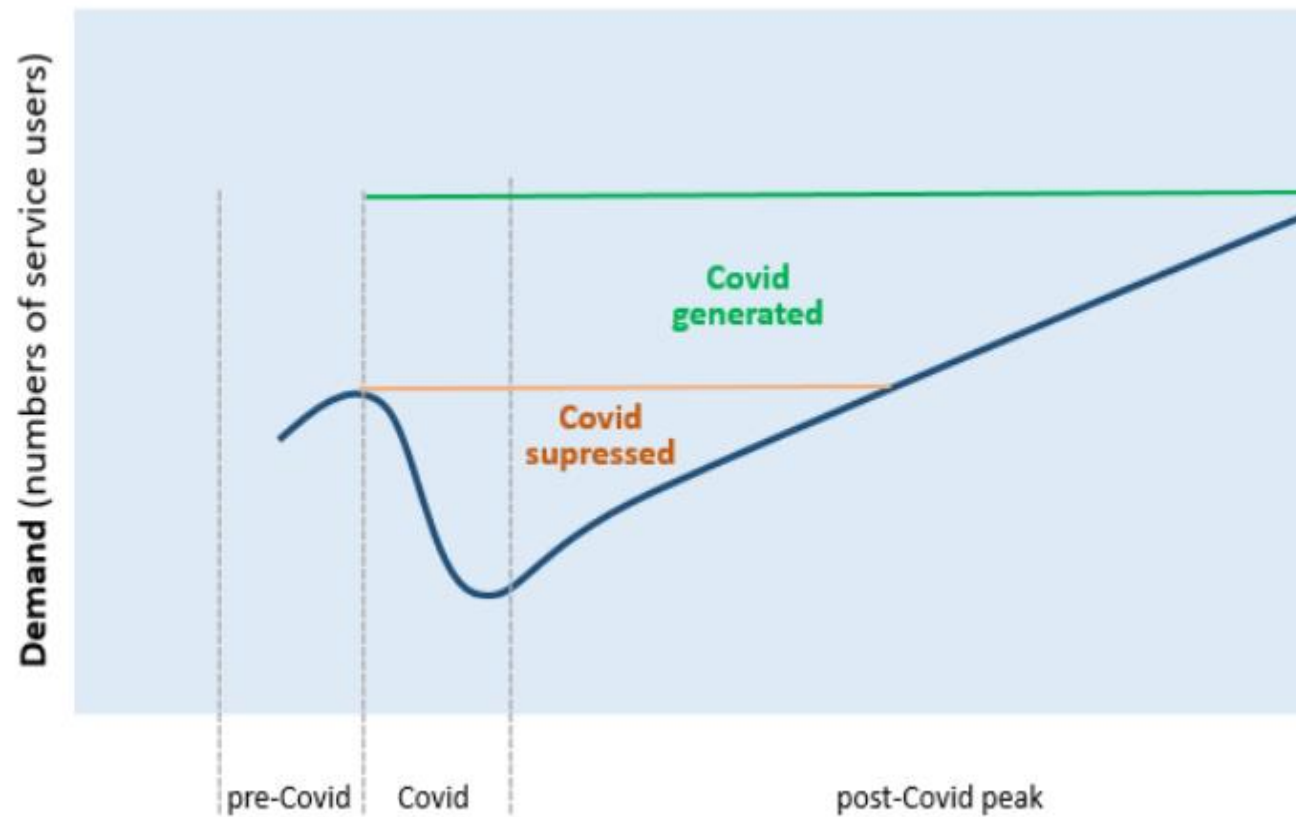
Out of Area Placements

- NENC not achieving target of zero out of area placements, due to hospital and inpatient care pressures resulting in people being admitted a long way from home

Perinatal and Maternal Mental Health

- Significant workforce challenges – we don't have enough people with the specialist skills we need to expand the service in line with the NHS long term plan

Impact of the pandemic on mental health service users



Covid-suppressed

Service users known to us who have currently ceased / postponed their engagement with our services.

It is assumed these will return to services over time, however, their mental health could be changed from pre-Covid state.

Covid-generated

People not yet known to us, whose experiences of Covid, both direct and indirect, has caused them to develop a degree of mental illness.

Covid-altered intervention

Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.

People with lived experience told us

- Inclusion, coproduction and co-creation are vital
- Waits can be too long
- Staff not always compassionate
- Trauma informed approach needed
- Services can be life saving
- Little things make a big difference

There are national and local plans to improve mental health services

National Transformation Plans	North East and North Cumbria Transformation Priorities
NHS Long Term Plan	Joint Forward Plan
National Suicide Prevention Strategy	Healthier and Fairer
Inpatient Quality Transformation	North East and North Cumbria Transformation Priorities
Community Mental Health Transformation	Local Health and Wellbeing Plans
Core 25 plus 5	Housing, Health and Care

Five priorities for better mental health services in NENC

Urgent and Emergency Care

Inpatient Quality Transformation

Community Mental Health Transformation

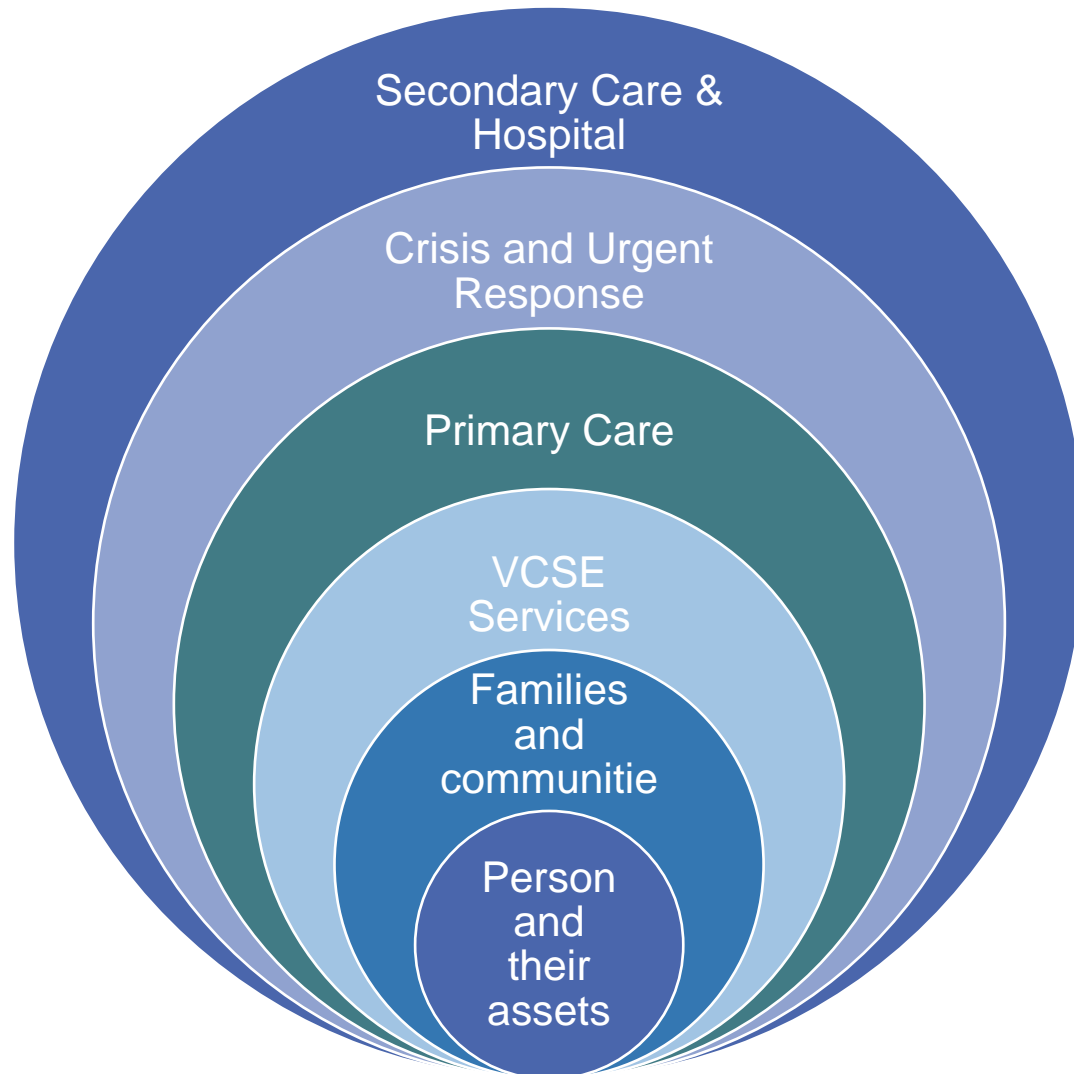
Children and Young Peoples Access and the Neurodevelopmental pathways

Building the right support

Our enablers



Our delivery mechanisms



How to improve outcomes



ADDRESS VARIATION
IN ACCESS TO
SERVICES



BETTER INTEGRATION
OF MENTAL HEALTH
INTO PRIMARY CARE
AND OTHER
MAINSTREAM
SERVICES



ENSURE CULTURAL
COMPETENCY AND
DIVERSITY WITHIN
ALL SERVICES



INCREASED NUMBER
OF MENTAL HEALTH
PRACTITIONERS



GROWTH INTO VCSE
ORGANISATIONS AND
TRAUMA INFORMED
CARE



EXPAND THE USE OF
TELEHEALTH AND
TECHNOLOGY



ENSURE LONG TERM
SUSTAINABILITY

Always the right door

25th October 2023



Bringing people together with the passion, skills and knowledge to help our children, young people and families get the right mental health support at the right time, across the North East and North Cumbria



“Its your job, its our life”

Said by Malcolm who has a lived experience within
our services