

# West Norfolk Mind

...For Better Mental Health

**SUBJECT:** A STRATEGIC VISION TO IMPROVE THE COMMUNITY MENTAL HEALTH OF THE POPULATION OF WEST NORFOLK.

**MEETING:** HEALTHIER COMMUNITIES & OLDER PEOPLE

**DATE OF MEETING:** 8<sup>th</sup> MARCH 2007

**REPORT OF:** EDDIE WEST-BURNHAM

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## **1 PURPOSE OF PAPER**

- 1.1 To present a paper outlining a strategic vision to improve the mental health and well-being for our local population.
- 1.2 To outline how an action plan and commitment to change would improve the mental health and well-being for our local population by adopting a vision of community health.
- 1.3 To undertake a process of constructive dialogue resulting in a strategic commitment from key partners to a mentally healthy West Norfolk Action Plan
- 1.4 To build on the community development approach already embraced by Local Strategic Partnership, Norfolk Primary Care Trust (Public Health in Western locality) the Borough Council of King's Lynn & West Norfolk and King's Lynn Regeneration Partnership.

## **2 INTRODUCTION**

- 2.1 To fully appreciate a holistic view of mental health it is important to accept that mental health is a state determined not only by an absence of mental illness, but incorporating a sense of well being. To do this effectively we believe that establishing a shared understanding of mental health and adopting a community approach to promoting and sustaining good mental health is essential.

- 2.2 "...the health of a community is determined by the health of its citizens and by the well-being of the community as a whole. If the physical, mental or emotional health of citizens is poor or declining, the health of the entire community suffers. On the other hand, if the community itself is not healthy – if health care is inadequate or not affordable, if physical conditions are unsafe, polluted, or ugly and if basic emotional support among citizens is lacking - the health of its citizens will be diminished. Community health and individual health cannot be separated". (Schuler, D 1996)
- 2.3 There is a need to move forms of practice away from institutional environments closer to home and the community. Efforts are underway in key areas across King's Lynn to ensure that improving Community Health is integral to local developments. The work being done by the Stronger Safer Communities initiative being an excellent example; however the picture of regeneration and renewal is complex the momentum for continued positive change has to be maintained and spread across King's Lynn & West Norfolk.
- 2.4 The negative impact to individuals, families and communities associated with mental ill health is considerable. To address the shortfalls in local service provision it is essential that the local health and social care economy move thinking "upstream" and adopt a "public mental health" (Friedli 1999) approach to local service delivery.
- 2.5 Almost 80 per cent of GPs prescribe anti-depressants even though they believe a non-pharmacological approach might be more effective (The Mental Health Foundation 2005). The same research also found that 66 per cent of the 200 GPs who took part in a survey prescribed anti-depressants because no suitable alternative - such as counselling or "exercise therapy" - was available for them to prescribe
- 2.6 Research shows that people from BME communities can suffer from; inequalities in access to mental health services, in their experience of those services, and in the outcome of those services. For example, BME patients are significantly more likely to be detained compulsorily or diagnosed with schizophrenia.
- 2.7 The experience of recovery is often described as a defining moment and having a turning point (Allott 02). Working with individuals on the identification of actions, thoughts and behaviours can increase the development of self-management strategies which can in turn empower people to take better control of their lives and steer themselves to this turning point.

2.8 There is increasing recognition that the social environment plays a significant role in mental health. This is supported by a growing enthusiasm among many Voluntary and Community Organisations and some health professionals to the principle that there needs to be *Hope to Cope*. However many remain sceptical and resistance, misgivings and misunderstandings exists in key areas when promoting a recovery based approach to treatment and support.

### **3 A VISION OF COMMUNITY HEALTH**

3.1 There is a pressing need at all levels and in all sectors for effective partnerships to bring about sustained profound change in the collective understanding of how to develop and deliver mental health services. Health and social services make a contribution but most of the key influences on health and mental health lie in the community. To address this it is necessary to move local thinking (policy) and interventions (practice) to tackle some of the broader societal forces such as working conditions and community issues, rather than focusing on clinical treatment that focuses on the individual.

3.2 There is now a greater understanding of the link between mental ill health and deprivation. This includes issues that statutory services have control over such as the tendency for people with mental health problems to be housed in areas of social and economic deprivation.

3.3 Evidence suggests that developing social capital (referred to as the “features of social life – networks, norms and trust – that enable participants to act together and pursue shared objectives” Putnam 1996) can be a key tool when tackling health inequalities. Voluntary and Community Organisations are well placed to build social capital as they are central to the local communities making them a powerful agent for change.

3.4 Voluntary and Community Organisations offer an opportunity to access services for those reluctant to approach statutory services because of the potential stigma involved or fear of consequences – real or perceived.

3.5 The importance of meaningful occupation has been recognised since the dawn of “moral treatment” (Roberts et al 06). Lack of employment can result in a number of losses, not least the lack of social role i.e. not being able to respond to questions such as; “Hello, I am teacher, what do you do?”. Economically, the absence of a wage, which is never adequately covered by benefits, and the accompanying low self esteem (often linked to the feeling of not contributing to society) can have a significant effect. Add to this the loss

of social networks and the fact that employment rates for people with severe mental health problems are lower now than they were in 1950's, it paints a depressing picture.

## 4 DISCUSSION

4.1 A lot has been said about putting mental health higher on the list of priorities, yet focus remains on maintaining the *find and fix* approach to treatment rather than developing models that embrace a *predict and prevent* health promotion methodology.

4.2 In May 2006, the Government launched a review of the future role of the third sector in social and economic regeneration (the 'Third Sector Review') as part of the Comprehensive Spending Review process. While the Government has put a number of initiatives in place in recent years to involve the third sector in public services, these have not sufficiently recognised the different roles that third sector organisations can play - delivering innovative services, designing services and advocating on behalf of service users.

4.3 As reported in The Times, 27 Feb. 07 - Public Agenda section, P4

### *Boom sidelines the mentally ill*

"Third sector involvement in the NHS is big and getting bigger...The loser in this boom in third sector involvement is mental health." Only 8 per cent of charities interviewed for the Department of Health report wanted to help deliver mental health services, even though mental health patients are the biggest client group in the third sector.

4.4 "for far too long it has been assumed that the voluntary sector cannot work with the statutory sector to meet the needs of people with mental health problems.... not only can the voluntary sector deliver services, it is vital that it does so." (NIMHE 2004)

- National policy sees voluntary sector involvement as highly desirable yet commissioners often marginalise the voluntary sector
- National policy talks of full recovery funded services yet on the ground commissioners refuse to fund legitimate overheads and don't fund cost of living increases

4.5 It has to be questioned as to whether there is a coherent framework demonstrating alignment of all the policy strands? At present there are a number of discreet strategies for health, social policy and education yet policies still fail to join up at strategic and operational levels.

- 4.6 *Heely City Farm* is a community programme set up to create training and employment for people living in Heely, one of the most deprived wards in Sheffield. The *farm* creates employment opportunities for people who cannot work because of their health or disability, this has improved quality of life through increased family income, improved skills and confidence and providing a better healthier environment to live in.
- 4.7 *Imagine* is a mental health charity working in the north west of England, which offers a range of services including; Accommodation, Floating Support and the Mainstream social inclusion project. Mainstream involves people with mental health problems in mainstream activities and pursuits of their own choosing. The objective is to provide service users with the support they require to participate in the wider community. *Imagine* believes that social inclusion will be achieved by working with people to involve them in mainstream activities, in order to unearth talents and interests, allowing people to flourish alongside other citizens in the community

## **5 KEY ISSUES AND RECOMMENDATIONS**

- 5.1 There is a pressing need to develop a community mental health action plan that moves away from a model based on psychiatric treatment concentrating on doing things to patients, to a health promotion partnership that takes a wider more inclusive community focus. Achieving this will ensure the development user centred care that identifies and builds on strengths and inspires hope. This in turn will enable psychiatric and clinical services to focus on patient care and non-clinical services to focus on wellbeing.
- 5.2 To ensure that a “public mental health” approach to local service delivery and development it is necessary to ensure that the right people are delivering the right service at the right time to those that need it. To do this effectively it is necessary to challenge the status quo regarding service infrastructure. This includes questioning;
- How are mental health services commissioned? To commission services effectively core issues such as data collection and service user involvement need to be addressed.
  - How are mental health services delivered? It is necessary to ensure that the right people are delivering the right service
  - By the very nature of their constitution, role and location, Voluntary and Community Organisations, are more acceptable and accessible to some members of the community. This should be better utilised and exploited.

- 5.3 To ensure that the existing momentum for positive change is maintained and spread across the area, key LSP partners, especially Borough Council of King's Lynn & West Norfolk, Norfolk PCT and Voluntary and Community Organisations, need to recognise the link between the mental health of a population and the need for sustainable economic, social and physical regeneration.
- 5.4 Considerable progress has been made in West Norfolk over the past few years due to the commitment of key individuals and the willingness to take a qualified risk, however more needs to be done.
- 5.5 The interim report of the 'Third Sector Review' recognises the importance of community and voluntary organisations, particularly in terms of building social capital, providing community services, promoting participation and supporting local regeneration. The report identifies a clear role for government in providing resources to underpin the sustainability of these activities. Despite the considerable rhetoric surrounding what could and should be done to support Voluntary and Community Organisations in the delivery of a social model of mental health, a clear commitment is necessary on a local level to ensure existing impediments to development and delivery are removed.
- 5.6 The community mental health action plan should:
- Be based on best practice but open to innovation
  - Focus on communities (based on geography and similarity) with greatest need
  - Demonstrate economic sustainability with robust monitoring and evaluation.
  - Be based on a social model of care with service user need at the centre.
  - Demonstrate multi-sectoral ownership

## 6 CONCLUSION

The work being done by Voluntary and Community Organisations such as *Imagine* and *Heely City Farm*, has demonstrated that sustainable change can be realised if the political will exists to challenge status quo and adopt new ways of working.

The development of services that provide user centred care that identifies and builds on strengths, inspires hope and builds optimism in the local community can make a profound sustainable difference to people's lives.

At present there are some obstacles and misgivings regarding the potential for a strategic vision for mental health based on a social model of community health. To address this successfully and build on the growing groundswell of enthusiasm it is necessary to invest in a community mental health action plan that inspires hope and builds optimism in the local community.