# Mental health and wellbeing in Brighton & Hove

2022

Part of the Joint Strategic Needs Assessment programme

DRAFT Executive summary

NHS Sussex

Brighton & Hove City Council

# The needs assessment

This joint strategic needs assessment (JSNA) pulls together the big picture as a snapshot in time. Some of the issues will be known already to some or all parts of the system, others will be new. It provides the opportunity to develop a shared understanding of the city's challenges and assets. Based on this shared picture, it makes recommendations for action.

The aim of this needs assessment is to provide evidence to increase population resilience, improve the range and quality of support for those with mental health problems and address inequalities.

It will shape city wide approaches to mental health and wellbeing commissioning, prevention, and promotion. NHS Sussex and Brighton & Hove City Council should ensure commissioning is informed by the findings of this needs assessment; providers should ensure their delivery is informed by it.

The JSNA was overseen by a steering group made up of commissioners, providers, community and voluntary sector organisations and academic experts. It reported to the Mental Health Oversight Board and Children and Young Person's Health Oversight Board.

Delivery of the recommendations will be overseen by the Brighton and Hove Health and Care Partnership with actions specific to Children and Young People or Adults directed through the relevant place based oversight board.

The voices of those with lived experience were sought through established engagement and co-production forums, reviews of recent consultation events, reports and JSNAs. A review of the evidence of what works and is cost effective were commissioned to inform the recommendations.

Within the summary we provide a high-level overview of the findings of the needs assessment, along with the following recommendations:

Area 1: Population prevention. Develop and promote a population wellbeing approach encompassing the building blocks of health

Area 2: Communities. Co-production and co-design of mental health services with people with lived experience, community development and VCSE sector provision

Area 3: Whole System working. Develop pathways that encompass all levels of mental health need with a focus on early intervention. Develop trauma-informed pathways that support individuals in a holistic way

Area 4: Transform mental health services to take account of current unmet need and predicted growing future need and to improve accessibility (in context of Area 4 – Whole System Working)

Area 5: Children and Young people. Improve the care and support offer for young people ensuring that they and their families are at the heart of an integrated service approach

Area 6: Information sharing. Improve monitoring and information sharing across the system to improve quality of care, planning and decision making

Area 7: Inequalities, influence and implementation

We sought to take account of what is already happening to improve outcomes and reduce inequalities so that recommendations are focussed on areas that have the greatest additional impact. Some of the strategies and programmes that this work can inform are listed in recommendation Area 7.

### Wider national and international crises impacting mental health and mental health support services

There are several crises unfolding at national and global level that impact on mental health and wellbeing and/or the ability to help those with mental health needs, including:

- The COVID-19 pandemic
- Cost of living crisis
- Climate change

They all increase the risk of mental ill health and deepen inequalities, with more vulnerable groups being disproportionately affected. These are compounded by ongoing national challenges around recruitment and retention of workforces that impact on quality, capacity and ability to address the unmet need in the B&H population. The data in this document does not fully reflect the impact of these crises and may therefore underestimate both current and future need and the extent of inequalities.

## Prevention and the building blocks of mental health

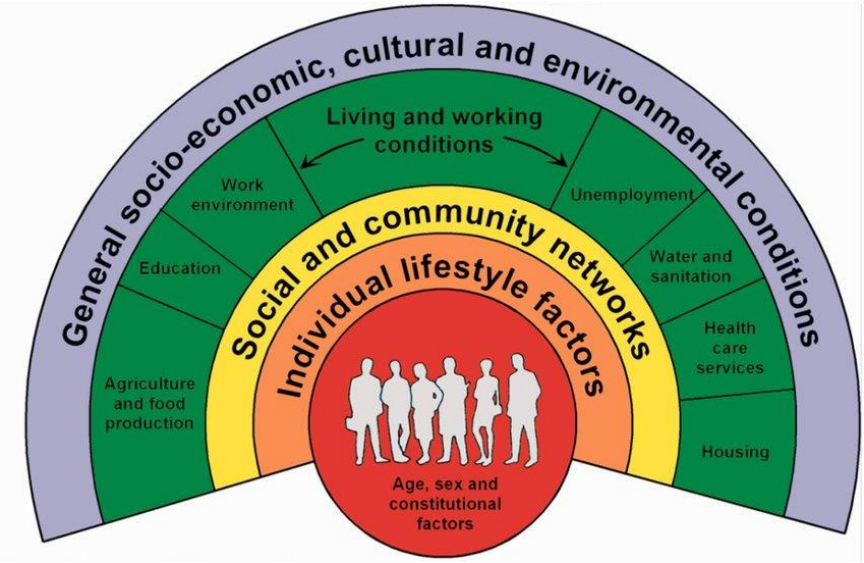
Mental health problems are common affecting almost two thirds of us. Mental and physical health are fundamentally linked and mental health problems can shorten lives. Mental health problems are subject to stigmatisation and may be kept hidden. They affect, and are affected by, our relationships with family, friends and communities. They are costly and are both a cause and a consequence of social inequalities.

### The building blocks of mental health

The risk of developing a diagnosable mental illness, and of having low levels of mental wellbeing, varies across people and communities and over time. It is strongly influenced by multiple factors past and present - by the environment in which we are born, grow, live, work and age, by our family relationships especially when we are a child, life experiences, trauma, and our genetics. Some factors increase the likelihood of having mental health problems (risk factors) and other reduce it (protective factors).

Evidence shows that the largest determinant of our health is our wider socio-economic circumstances such as income, wealth, education, employment and community cohesion. These are the building blocks of health and are illustrated here.

The factors are complex and often cluster. For example, a person who has financial insecurity is more likely to live in poorer quality housing, have difficulties in keeping their home warm and have worse access to green spaces. Factors can be inter-generational eg poor parental mental health is a key risk factor for their child's mental health. Risks accumulate over time, for example if a person experiences parental conflict as a child, and/or discrimination as a young adult, those factors may impact on mental health not only at the time, but also in later life.




**Source:** Dahlgren & Whitehead (1991)

## Common risk and protective factors for mental wellbeing at individual and family/community level

| | Individual level | Family and community level |
|---|---|---|
| **Risk factors** | Adversity in early life<br>Weak or difficult relationships with impact on attachment<br>Adverse life events (ACEs)<br>Healthy lifestyles<br>Financial worries or debt<br>Traumatic events<br>Violence / abuse<br>Natural disasters<br>Serious illness or disability<br>Bereavement | Poverty / deprivation<br>Poor housing<br>Homelessness<br>Lack of employment<br>Insecure or low paid employment<br>Working conditions that create stress<br>Crime and safety<br>Poor quality neighbourhood environment<br>Low social capital<br>Social isolation |
| **Protective factors** | Includes factors that support or increase the development of individual level attributes such as:<br>• Coping abilities,<br>• Self-efficacy and resilience, and<br>• The ability to learn and to develop social skills<br>all of which may encourage healthy behaviours and mental health and wellbeing. | Protective family and community level factors include social support and protective influences organised in schools, neighbourhoods and workplaces.<br>• Feeling part of a community<br>• Access to green and open spaces<br>• Shared public spaces<br>• Sustainable local economy<br>• Arts and creativity |

**Source:** Office for Health Improvement and Disparities Mental health JSNA toolkit, prototype Mental Health tool and The Mental Health Wellbeing Impact Assessment Toolkit

The government defines prevention as “helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible.” Prevention works and is cost effective, however, there are several challenges:

- Many of the actions to prevent mental health problems sit in the wider sector and are about improving the building blocks of health such as income and debt, education, employment, housing, parks and green spaces
- Decision makers can be daunted by the challenge of “fixing” the wider system and actions often focus on the role of individual choices and behaviours
- Investment in one part of the system can lead to savings in another - creating barriers to joint working
- Most NHS targets are about services, few are focused on prevention
- Whilst the evidence of effectiveness of prevention is strong, there are gaps which can create uncertainty about actions
- Impact of interventions on outcomes can be difficult to measure and take years to be fully realised
- Resources are often directed at acute need rather than prevention and financial pressures can reduce investment in prevention

Whilst the building blocks of health play the largest role in determining health, the actions and behaviour of individuals also make a difference. These include the evidence based six ways to wellbeing: Be Active, Keep Learning, Give, Connect, Take Notice, Be curious, Care for the Planet.

# Population and place – risk and protective factors

In 2020, the city had an estimated 291,700 residents. Compared to the South East and England, the city has a younger population with more young adults, fewer children and older people.

## Environmental risk and protective factors

For many of the environmental factors that influence wellbeing, the city has high need:

- There are areas in the city which are some of the most deprived in England
- A large number of children live in poverty particularly after housing costs
- House prices are higher compared to earnings than for England
- Overall education levels are similar to England but disadvantaged pupils fair worse
- Smoking rates are significantly higher among both young people and adults than England
- Although the population is more physically active and more people have a healthy weight than in England, but there are still high numbers of people who are physically inactive and/or do not have a healthy weight. Inequalities exist across the city and recent trends are going in the wrong direction.

There are also many assets

- There is a strong sense of community (eg feeling of belonging) and high levels of volunteering
- There are many festivals celebrating our diverse communities
- Brighton & Hove has a large and active voluntary, community and social enterprise sector
- We have a strong arts and culture sector and access to green and blue spaces.

### Population risk and protective factors

There is strong national evidence that some communities and groups are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances. For many of these groups, Brighton and Hove has high or very high need:

People with alcohol and/or drug dependence: Compared to England, drinking and substance misuse are significantly higher amongst both children and young people and adults.

People experiencing homelessness: Brighton & Hove has the second highest rate of statutory homelessness (households in temporary accommodation) of all local authorities in England outside of London (18th highest in England including London).

People with complex needs and multiple disadvantage: Brighton & Hove, has a higher estimated rate of people with multiple disadvantage than England. The majority have mental health needs.

Other population groups with increased risk include:

- Ethnic minority groups
- Lesbian, gay, bi, trans, queer, questioning, asexual (LGBTQ+) people
- People with long-term physical health conditions
- People living with physical disabilities
- People living with learning disabilities
- People with sensory impairment
- Carers
- Neurodiverse people
- Migrants, refugees, asylum seekers and stateless persons
- Gypsy, Roma and Travellers
- Children in care and care leavers
- Mothers of children taken into care
- Students
- Armed forces personnel and veterans
- Prison population, offenders and victims of crime.

## Prevalence of mental health conditions

The number of people who could benefit from support can be very much higher than the number of people known to services. For a severe and life-long mental illness such as schizophrenia, the need in the population is likely to be similar to the number of people known by their GP to have a diagnosis. However, for a condition such as depression, a person with symptoms may not seek help, and even if they do, they may not be diagnosed and therefore, the need in the population is likely to be very much higher than the number of people known to services. The national Adult Psychiatric Morbidity survey and the national Mental Health of Children and Young People survey provide the best estimates of population need at a national level. It is important to note that they underestimate need for Brighton & Hove because the city has higher overall need than England.

The national adults survey estimates that 1 in 6 people in England have a common mental health problem. However, the Office for Health Improvement and Disparities (OHID) estimate that the equivalent figure for the city is 1 in 5 people. This equates to one in ten more adults (a total of

46,000 people) in Brighton & Hove with a common mental health disorder such as anxiety, depression or a mix of these.

The national survey for adults aged 16+, found the most frequently identified issues were common mental health disorders, having experienced at least one major trauma and suicidal thoughts.

The national Children and Young People's survey found:

- Rates of mental health disorders increase with age. Patterns differ for boys and girls
- Young women aged 17 to 19 have the highest prevalence, with a quarter having a mental health condition and almost half of those having self-harmed or attempted suicide
- LGBTQ individuals were more than 2.5 times more likely to have a mental health disorder
- Mental disorders tended to be more common in children living in lower income households
- Eating problems were seven times more common in girls than boys.

A national survey in March 2021, that followed up children and young people who participated in the 2017 survey, found rates of poor mental health had increased. The proportion of children and young people with possible eating problems had almost doubled in those aged 11 to 16 years old. Almost two thirds (58%) of people aged 17 to 19 had a possible eating disorder.

# Perinatal mental health

Perinatal mental health is the term for mental health during pregnancy and the first year after birth. It includes both existing mental health issues and conditions that arise during pregnancy or related to pregnancy. The physical and mental health of the mother, and the family environment during pregnancy, infancy and childhood is of fundamental importance to the lifelong mental health of the baby and child. The mental health of fathers and other caregivers also has an impact.

## Risk and protective factors

Many of the risk and protective factors associated with mental health problems during pregnancy and after childbirth reflect those associated with mental illness in the general population, however factors which can have a particular impact at this life stage include:

- The birth of a child with a disability has an impact on the family, leading to possible depression, anxiety, health problems, or other psychological distress
- There are distinct challenges for LGBTQ+ parents, linked to stigma, marginalisation, assisted reproduction and /social and legal recognition as parents
- Foetal alcohol spectrum disorder will impact a baby's lifelong mental health risk. It is caused by the baby being exposed to alcohol during pregnancy.

Perinatal mental illness is estimated to affect 10-20% of new and expectant mothers. This equates to an estimated 225 to 450 women in Brighton & Hove in 2020.

## Quality and outcomes

Nationally, poor mental health remains one of the leading causes of maternal death during pregnancy and the first postnatal year.

## Voices in the perinatal period

We did not identify any recent local engagement reports with pregnant women or new mothers for Brighton & Hove that provide insight into local mental health needs and experiences.

In 2021, some fathers across Sussex were interviewed about their experience of becoming a father, their needs and what works to support them. They identified a need for non-stigmatised support provided by men and for services to think about more ways to increase confidence of fathers to engage with antenatal and postnatal services.

# Children, young people and families

This life stage covers conception to age 25 years.

The foundations of life-long wellbeing are laid down in infancy and childhood. The first 1,000 days, from conception to age 2, is a critical phase and secure baby and infant attachment is paramount. The needs of infants differ from primary school aged children and differ again from young people of secondary school age and above. Schools are important and whole school approaches to reducing mental ill health and improving population resilience have a strong evidence base.

Until the age of 18, services for people with mental health needs are provided by child health services. From 18, they are usually provided by adult services, with this transition process starting from age 16. Some people meet the criteria for child mental health services but not for adult services. For these people, support can reduce sharply at the age of 17-18, even though their level of need has not changed.

Early adulthood for young people (between 16 to 25) is a key life stage:

- Half of lifetime mental health problems are established by age 14 and three quarters by age 24
- Young people are making important transitions in their lives and becoming more independent
- Ages 15 to 23 is a period of significant development of capabilities such as planning, self-control, flexibility, awareness which help adults to manage life and work effectively.

## Risk and protective factors

Many of the risk and protective factors associated with mental health problems for children and young people are similar to those associated with mental illness in the general population, however there are factors which can have a particular impact at this life stage:

- Nurturing families, nurturing education settings from nurseries to universities and nurturing peer groups are strongly linked to positive wellbeing
- Use of social media can be a risk factor for some children and young people. It is associated with increased rates of anxiety, depression, and poor sleep. Cyber bullying and exposure to images of “ideal” body shapes may have a profound negative effect. However, children and young people also report a positive effect and social media can provide an opportunity to find like-minded communities
- Adverse Childhood experiences (ACEs) are on-going stressful events and situations occurring in childhood including abuse, neglect and family dysfunction. They have been shown to increase the risk of developing mental ill health in childhood and adulthood, as well as increasing the likelihood of developing health harming behaviours such as sexual risk-taking, problematic alcohol use and substance misuse or violence, each of which in turn is linked to poor mental and physical wellbeing
- The impact of complex trauma such as multiple, long-lasting, repeated or continuous exposure to abuse, neglect or family conflict is more severe if it happened in childhood.

## Level of need in Brighton & Hove

Compared to England, Brighton and Hove has high need:

- Higher rates of children in care and significantly higher rates of care leavers
- Significantly higher rate of children in need due to family stress due to dysfunction or absent parenting and children subject to child protection plans with initial categories of abuse/neglect
- Significantly higher percentage of school pupils with social, emotional and mental health needs. This proportion is increasing
- More unhealthy behaviours, such as smoking, alcohol use, drugs use
- It has a higher proportion of pupils with an Education, Health & Care Plan and higher number receiving support for special educational needs.

We have a very rich picture of need in Brighton & Hove from the Safe & Well at School Survey (SAWSS) of pupils in primary and secondary schools in the city. This local survey confirms the findings of the national data. The most recent survey in November 2021 shows that young people's emotional wellbeing has seen a significant deterioration compared with previous surveys, particularly for secondary school pupils, including an increase in self-harm and in suicidal thoughts. Struggles with issues related to food and body image were also significant for young people. Some groups are disproportionately affected with consistently lower levels of wellbeing: girls; older pupils; pupils who do not identify with the gender given at birth; LGB+ pupils; young carers; those who receive extra help at school; children in care.

## Voices of children & young people

Views were gathered from a review of 11 recent engagement projects lead by children and young people. The engagement projects span 2020-2022 and involve hundreds of young people in primary and secondary schools and older young people aged up to 25. Key themes included:

### Equity and equality of inclusion

Work with young people whose voices are less often heard; recognise the impact of racism, take a gender sensitive approach to support the needs of young men.

### Getting help early

Ensure there is timely and tailored support; increase awareness of services in children and young people and parents; provide relatable self-care strategies; address the stigma around youth loneliness and social isolation; increase understanding of the impact of a death of a parent and going into care; expand "friends with training" to support those with eating difficulties

### Co-design and co-production and meaningful engagement

Expand involvement of peers and people with lived experience in designing and commissioning services; expand development of peer support

### The importance of the education setting

Ensure a whole school approach to mental health; staff to reflect diversity of the communities they serve; train more people to be Wellbeing Ambassadors; recognise importance of transition support (primary to secondary)

### Outcomes

Compared to England, Brighton & Hove has areas of poorer outcomes with a much higher rate of young people in contact with secondary mental health services, with rates rising. There is a significantly higher rate of both hospital admission due to self-harm in those aged 10-24 years and of hospital admissions for mental or behavioural disorders for those aged under 18. There were 44 deaths by suicide and undetermined injury between 2016 and 2019 in children and young people aged under 25 who were resident in the city. As for England, three quarters were male, and in line with England, deaths by suicide in those aged under 25 made up almost one in ten of all suicides.

## Working age adults

Working age is often a time where people experience maximum independence and control over their life. Some of the common markers of adulthood include: starting work; moving out of the parental home; becoming a parent; moving in with a partner; buying a house; cohabiting, forming civil partnerships or getting married; becoming a carer. In this life stage people can influence the mental wellbeing of others through their various roles as partner, co-worker, parent and carer.

This section draws on the findings of other recent JSNAs undertaken in the city.

### Risk and protective factors

Many of the risk and protective factors that increase and decrease the likelihood of developing mental health problems for working age adults are covered in the common risk and protective factors section, however there are factors which can have a particular impact at this life stage:

- Work, or lack of it, matters greatly as does the quality of the work. Workplace mental health interventions have a strong evidence base
- Quality of relationships in the home eg with partners and children
- Taking on the role of caring for someone who is ill or has a disability
- Friendship networks, facilities for children, opportunities for exercise, the quality of the environment and social inequity, stigma and discrimination impact on adult mental health.

### Level of need in Brighton & Hove

Compared to England, Brighton & Hove has:

- A higher estimated prevalence of common mental disorders and more people self-reporting having a mental health problem
- More adults reporting a high anxiety score
- A lower proportion of the population who feel that the things they do in life are worthwhile
- More people reporting depression and anxiety
- Higher proportion of social care users reporting depression and anxiety among
- A greater proportion of people diagnosed with a severe mental illness
- More Employment Support Allowance (ESA) claimants for mental/behavioural disorders.

Needs assessments for adults with multiple long-term conditions, adults with multiple complex needs, international migrants and trans people found high needs in these groups. The Brighton & Hove Health Counts survey in 2012 found that being at risk of major depression was higher for women, those living in the most deprived areas, respondents who classified themselves as LGB or unsure, those with a limiting long-term illness or disability and others.

### Voice of working age adults

Common issues highlighted through the review of recent local needs assessments and other reports include the need for:

- More accessible support and services, and support promoted more widely - using different promotion routes and increasing awareness of support services available amongst primary care and other general access services
- Simplify referral processes, including for self-referral
- Consider all needs, not just mental health (thresholds often on single issues) eg dual diagnosis
- More joined up services, working better together. Better information sharing between services, especially between primary care and specialist services
- When asked for their views, adults with lived experience said they wanted to see more involvement of peers and people with lived experience in developing and commissioning services and more support for the development of peer support
- Taking a more trauma informed approach.
- More mental health awareness and suicide prevention training across NHS frontline services
- Waiting times reduced and more support for those on waiting lists/who don't meet thresholds
- Higher levels of / more accessible support for those who were recently discharged from an in-patient stay
- More support to families and carers and within schools.

### Outcomes

Compared to England, Brighton & Hove has areas of poorer mental health outcomes. Brighton & Hove has the greatest disability adjusted life years due to mental health ill health of any local authority in the South East, for both males and females.

Brighton & Hove has significantly worse rates than England of premature mortality of adults with severe mental illness, Detentions under the Mental Health Act 1983 and emergency hospital admissions for self-harm. The city has had one of the highest rates of suicide in England, with rates significantly higher for several years. Our rates remain higher in both men and women.

## Older adults

Much of the evidence in the working age adults section will also apply to older people.

Ageing presents both challenges and opportunities: the rate at which people age is influenced by the accumulation of lifelong experiences, past and present socio-economic circumstances. Whilst mental health conditions are prevalent in later life, they are not an inevitable part of ageing and older people are often less dissatisfied than younger people. Poor physical health is a risk factor for mental health problems, with older people more likely to have physical health needs.

### Risk and protective factors

Many of the risk and protective factors associated with mental health problems for older people are similar to those in the general population. There are factors which can have a particular impact at this life stage including: bereavement, being a carer, living alone, retirement, low income, having recently experienced or developed a health problem and falls.

For many indicators, Brighton & Hove has similar need to England, however for some, the city has greater risk: older people living in poverty, estimated fuel poverty, older people living alone and

emergency hospital admissions due to falls. Older people are especially vulnerable to being lonely or isolated. Age UK has estimated that the number of older people living alone will continue to increase up to 2033.

There are factors which are better for older people than working age adults. Those aged 55+ are more likely to be satisfied with their local area, feel that they belong in their immediate neighbourhood, agree people pull together to improve the neighbourhood and to volunteer.

## Level of need in Brighton & Hove

The estimated prevalence of common mental disorders, such as depression or anxiety, in those aged 65 year or over is higher than the South East and England, and is the third highest in the South East. National evidence is that mental health problems in older people are more common in settings such as hospitals and care homes.

The prevalence of mental and physical long-term conditions increases with age up to around age 70 and then is fairly stable. From ages 65 to 95 years, approximately 15% of women and 10% of men have both physical and mental health problems.

## Voice of older people

We did not identify recent local views of older people on mental health services.

## Outcomes

From the last published data for the period 2013-2017, males aged 65 years or over in Brighton & Hove had a significantly higher rate of suicide and undetermined injury deaths than England. However, there has been a reduction in suicide deaths of older people in the city.

# Recommendations

Delivery of the seven recommendation areas will be overseen by the Brighton and Hove Health and Care Partnership, with actions specific to Children and Young People or Adults directed through the relevant place based oversight board. The Brighton and Hove Health and Care Partnership is a place-based partnership bringing together NHS Sussex (Brighton and Hove), University Hospitals Sussex NHS Trust, Brighton & Hove City Council, Sussex Community Foundation Trust, and Sussex Partnership Foundation NHS Trust, Community Works (Representing the Voluntary and Community Sector), Primary Care Networks (PCNs) - General Practice, patients and the public.

Reducing inequalities needs to be at the heart of tackling and improving the mental health of the population of Brighton & Hove and this is embedded in each of the recommendation areas. There are tools that can assist in assessing impact of proposals on health inequalities.

## Area 1: Population prevention. Develop and promote a population wellbeing approach encompassing the building blocks of health

| No. | Recommendation |
|---|---|
| 1.1 | Strengthen our city-wide prevention-focused approach to improving population wellbeing and reducing inequalities. The Brighton & Hove Health and Care Partnership, linking with cross sector city organisations, should consider options for achieving this, for example utilising the national Prevention Concordat for Better Mental Health. The approach to include:<br>• Increasing awareness that experiences in childhood, particularly the first 1,000 days from conception to 2 years, lay down the foundations of life-long wellbeing<br>• Increasing awareness that mental health is everyone's responsibility and that the key building blocks of health are the social determinants such as employment, debt, income, education, housing, community cohesion, access to green spaces<br>• Increasing awareness of what people can do to make a difference to population mental health and wellbeing<br>• Strengthening whole system approaches to reducing stigma. |

### Context

- An individuals' mental health is determined by past and present experiences and the circumstances of their daily life such as housing, income, education, access to green spaces etc. These are the building blocks of health
- Adopting a prevention approach that focuses on the building blocks of health is cost effective.
- In the city, there is high need and inequalities, and these have been exacerbated by the impacts of Covid, the cost of living crisis and climate change. Workforce challenges make it difficult to meet current and future need
- Decision makers are not always fully aware of what works and how they can bring about desired change and there are challenges in taking a prevention approach
- Commissioning often focuses on treatment and acute care in part because many of the NHS targets are about treatments. A greater focus on prevention is needed
- The Prevention Concordat is a national evidence-based prevention-focused framework.
- Commitment to, and championing of, a population prevention approach, with tools for system leaders, commissioners, and planners to understand and implement prevention measures could lead to large improvements in mental health and reduce health inequalities.

## Area 2: Communities. Co-production and co-design of mental health services with people with lived experience, community development and VCSE sector provision

| No | Recommendation |
|---|---|
| 2.1 | Commissioners and providers to ensure co-production with experts by experience, including parents and carers, is a fundamental part of all redesigned/transformed mental health pathways working as equal partners from the beginning. Seek to engage with marginalised communities and seldom heard voices including care leavers and children in care |
| 2.2 | Ensure co-production best practice is embedded in all aspects of mental health commissioning (both NHS and Local Authority). Start by mapping co-production across the system |
| 2.3 | Ensure more peer support opportunities are built into commissioning and delivery. |
| 2.4 | Promote community development. Support communities to build on their assets and strengths so that they can improve their local mental health outcomes or the factors that affect their mental health. Consider geographical communities and communities whose voices are less often heard. |
| 2.5 | Strengthen VCSE sector provision, including support for smaller organisations. Commission and develop VCSE sector as essential providers in mental health and wellbeing pathways, as equal partners with statutory services and as trusted advocates for their communities. |

## Context

- Co-production with people with lived experience of services, their families and carers is a key principle of the national Five Year Forward View for Mental Health and improves outcomes
- Co-production is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.
- When asked for their views, children and young people and adults with lived experience said they wanted to see more involvement of peers and people with lived experience in developing and commissioning services and more peer support
- Whilst the JSNA found some examples of co-production, it was patchy and far from universal. For some services there was no routine engagement. Some communities had little or no opportunities to express their views
- Children and young who are looked after or are care leavers are at greater risk of developing mental health problems and need strong advocacy - the CIC (children in Care) council and the care leavers forum are opportunities to engage with this group.
- When there was engagement, people with lived experience were not always included from the outset of new commissioning proposals.
- The voluntary, community and social enterprise (VCSE) sector is broad and encompasses independent organisations working with a social purpose. They range from small community based groups or schemes through to larger charities and organisations that may operate locally, regionally or nationally. The city has a strong and vibrant VCSE sector.
- The VCSE sectors plays a key role in improving health, wellbeing and care outcomes and tackling health inequalities. They do this not only by delivering services but also by shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers. Their input is essential to a vibrant local health economy.

## Area 3: Whole System working. Develop pathways that encompass all levels of mental health need with a focus on early intervention. Develop trauma-informed pathways that support individuals in a holistic way

| No. | Recommendation |
|---|---|
| 3.1 | New mental health service developments, transformation work and reviews of existing services and pathways should take a trauma-informed whole systems approach. To be modelled by senior leaders and at all levels of organisational delivery.<br>• Co-production with people with lived experience and their families and carers<br>• Consider differing levels of need: universal support, early help, and specialist services.<br>• Consider other needs eg substance misuse, physical health, social care, homelessness, criminal justice, healthy lifestyles.<br>• Consider role of different sectors in providing mental health support including community groups and the voluntary, community and social enterprise (VCSE) sector<br>• Consider role of different settings eg schools, colleges, and workplaces |
| 3.2 | Commissioners and providers to ensure that there is good communication between mental health and other services eg substance misuse, physical health, social care, homelessness, criminal justice to ensure care is provided holistically, takes account of all needs, and considers mental health in the context of what has happened to an individual (possible trauma history or adverse childhood experiences) and their whole needs. |
| 3.3 | Organisations, commissioners and providers to ensure that staff wellbeing is a priority - there are evidence based whole workplace approaches in place to promote wellbeing |
| 3.4 | Commissioners and providers to ensure universal and specialist services such as substance misuse, physical health, healthy child programme, social care, homelessness, criminal justice etc. routinely identify mental health need and where appropriate, offer brief interventions, and/or refer onwards. |
| 3.5 | Through training, increase the mental health and trauma-informed knowledge, skills and confidence of workforces both in mental health services in other sectors for example physical health services, substance misuse services, social care, housing, education etc. consider, for example, Mental Health First Aid training, suicide prevention, trauma informed approaches etc |
| 3.6 | Support the continued embedding of Trauma Informed Care, Practice and Values across the Brighton and Hove Health and Care Partnership and extend the Sussex wide Trauma Informed Care (TIC) programme to wider workforces for example blue light services, housing, education |

### Context

- Commitment to whole systems working is required at all levels within organisations: at a strategic level, modelled by senior managers, by team managers and team members
- An individual's mental health and wellbeing changes over time and the level and intensity of support needed varies. Early intervention can prevent problems from getting worse. Good and sustained support after a period of intense need can help a person to stay well
- Promoting population wellbeing and preventing mental illness is complex and requires a dynamic way of working in partnership with a broad range of stakeholders
- Many people with mental health conditions have experienced trauma which can impact on their ability to access and engage with services. Taking a trauma informed approach to care and

practice can help improve patient engagement, treatment adherence and health outcomes, as well as provider and staff wellness.

- Many people with mental health conditions have other needs. Their needs may impact on their family and friends. For example, a parent with severe mental illness who has a housing problem and whose child is having difficulties at school may need support not only from mental health but also potentially housing, social care, the school
- Outcomes are improved if a persons' multiple needs are considered holistically and where there is a diverse and varied offer of support
- Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Trauma Informed care seeks to:
    - **Realise** the widespread impact of trauma and understand paths for recovery
    - **Recognise** the signs and symptoms of trauma in patients, families and staff
    - **Respond** through integrating knowledge about trauma into policies, procedures and practices and
    - Actively avoid **Re-traumatisation**.

  Trauma informed services are also **Reflective** in their practice, which involves curiosity about ourselves in the work we do. With a fundamental focus on **Relationships** at the heart of our work.
- Better join up is needed across eg: Mental health and physical health; Substance misuse and mental health; People with multiple disadvantage (homelessness / domestic violence / criminal justice / mental health).

## Area 4: Transform mental health services to take account of current unmet need and predicted growing future need and to improve accessibility (in context of Area 3 – Whole System Working)

| No. | Recommendation |
|---|---|
| 4.1 | Brighton & Hove City Council and NHS Sussex commissioners to strengthen their use of intelligence (data, stakeholder views, and evidence of what works) to inform the development of services in order to make best use of resources in responding to current and emerging needs and focusing on early intervention and prevention. |
| 4.2 | Commissioners and providers to raise awareness of existing services and pathways so that those referring to and those needing services know where to go and how to access them. Promote via channels that are relevant to different communities. Promote to groups with higher need or poorer access, including:<br>• LGBTQ+<br>• Ethnic Minority groups<br>• Young people and young adults<br>• Children in care and care leavers<br>• Those less digitally literate eg people with learning disability, older people. |
| 4.3 | Shift the balance of investment to increase support for children and young people with mental health and wellbeing problems to bring a lifetime of benefits to young people, their families, communities and the economy. |
| 4.4 | Agree priorities for health and care commissioners and providers to work together to address areas where there is significant potential to improve performance. For example:<br>• Long waiting lists for some services<br>• Excess deaths in people with SMI under 75 years old.<br>• People newly diagnosed with depression have lower rates of review by their GP 10-56 days after diagnosis.<br>• Gaps between services for example between primary and second mental health services for adults. |

## Context

- The needs assessment provides evidence of very high need in the city – both in terms of the numbers of people affected, but also relative to England – and this need is growing.
- It is estimated that in Brighton and Hove, 1 in 5 adults have common mental health disorders, higher than the national average of 1 in 6
- Several crises are unfolding that increase need and increase inequalities including Covid, the cost of living crisis and climate change. Workforce challenges continue to put pressure on service capacity and quality
- The needs assessment highlighted service challenges including long waiting lists, unclear referral pathways, need for comprehensive information and support for greater advocacy
- Some services were highlighted as having very long waiting lists: assessment for neurodivergence such as ASC (autistic spectrum conditions) and ADHD (attention deficit hyperactivity disorder), eating disorder and complex trauma
- There is a lot of work underway to transform services – much of it under the umbrella of the Adult Community Transformation Programme
    - Crisis care; Complex trauma
    - All ages Sussex Eating Disorder
    - Physical health checks for those with serious mental illness
    - Trauma Informed Care (TIC).

## Area 5: Children and Young people. Improve the care and support offer for young people ensuring that they and their families are at the heart of an integrated service approach

| No. | Recommendation |
|---|---|
| 5.1 | Adult and children mental health services should have a dedicated transition function to ensure there is continuity of care for young people. |
| 5.2 | Ensure that mental health services are tailored to needs of young people particularly those aged 16 to 25. |
| 5.3 | Commissioners and providers to ensure adult and children's mental health services take a whole family approach to mental health. For example, adults' services to take account of the potential impact of poor parental mental health on children and vice versa. |
| 5.4 | Expand capacity to meet unmet need in children and young people. In particular in areas where there are rapidly growing needs or large unmet need such as substance use, eating disorder, neurodivergence assessment, self-harm, body image. |

## Context

- The needs assessment provides evidence of very high risk factors and need in the city – both in terms of the numbers of people affected, but also relative to England. It also provides evidence of increases in need.
- The first 1,000 days (from conception through to age 2) are crucial in laying down foundations for lifelong wellbeing. Support to families in this period is paramount
- Around half of lifetime mental health problems are established by age 14 and three quarters by age 24
- Young adulthood (age 16 to 25) is a key age: Mental health problems often arise for the first time; the service offer changes as people turn 18 (25 for people with SEND); capabilities such as planning, self-control, flexibility, awareness, continue to develop significantly up to the mid-twenties; adult and child service criteria differences mean that some people are no longer able to access services.
- The Safe & Well at School Survey shows some groups are more likely to experience negative impacts on their mental health and wellbeing. This includes girls, older pupils and pupils and students who identify as LGB+, Trans and Non-Binary; those who need additional help in school, Young Carers and those who identify as Black or Black British.
- In childhood, living in a difficult situation (parental conflict, domestic violence, parents with mental health and/or substance misuse issues etc.) can be very harmful and sometimes leads to complex trauma which can have lifelong impacts
- There are high waiting times for specialist CAMHS services, in particular for neurodivergence assessment and diagnosis and eating disorder.

## Area 6: Information sharing. Improve monitoring and information sharing across the system to improve quality of care, planning and decision making

| No | Recommendation |
|---|---|
| 6.1 | All contract monitoring should routinely monitor activity by<br>• protected characteristics<br>• whether people are or were in council care<br>• whether people are neurodivergent.<br>• whether adults are parents / carers for children and young people<br>This should include information on referrals, access and outcomes to be able to assess if services are effectively meeting the higher needs of groups more at risk of poor mental health. |
| 6.2 | Information held by organisations on their clients and patients with mental health needs should be comprehensive, up to date and shared appropriately and in a timely manner between care providers when it needs to be. |
| 6.3 | Locally commissioned Brighton & Hove health surveys should take account of the JSNA findings to better capture the needs of groups identified as more vulnerable to poorer mental health. |
| 6.4 | Collection, collation, reporting and analysis of population level data should be improved to maximise opportunities to improve prevention.<br>• Analysis should be conducted of the anonymised Sussex Integrated Dataset to provide a better picture of the mental health needs of the local population and how people are currently accessing services. The inclusion of data from drug and alcohol treatment services in this dataset should be explored<br>• Annual update of mental health profile to be published |

## Context

- There is a lack of routine service data to be able to clearly identify trends or to be able to compare service access and quality
- For the most part, we were not able to use routine service data to look at access and outcomes by protected characteristics beyond age and gender
- We are very fortunate to have the Safe and Well at School Survey to give us clear evidence around trends and vulnerable groups of children and young people
- Voice evidence from children and young people, and from other recent JSNAs of adults with physical and mental health conditions and adults with multiple complex needs cited the lack of information sharing across services as a key barrier to good care.
- The Sussex Integrated Dataset provides linked anonymised data to be able to look at all the contacts those with mental health conditions have with services (eg in Primary Care, hospitals and with Specialist Mental Health Services) for the first time.

## Area 7: Inequalities, influence and implementation

| No | Recommendation |
|---|---|
| 7.1 | The Brighton and Hove Health and Care Partnership to oversee the system response to the recommendations by:<br>• developing and monitoring an action plan that identifies which team/ board/organisation/ partnership leads on each action and with goals that are SMART - Specific, Measurable, Achievable, Realistic, and Timely.<br>• Actions specific to Children and Young People or Adults to be directed through the relevant place based oversight boards. |
| 7.2 | The findings and recommendations from this JSNA are used by commissioners, providers and decision makers to<br>• improve outcomes and reduce inequalities.<br>• inform relevant strategies, programmes and action plans. At the time of writing these include but are not limited to:<br>○ Foundations for our Future - Sussex Children and Young Peoples' Emotional Wellbeing and Mental Health Strategy 2022 – 2027<br>○ Implementation of the national Mental Health Long Term Plan 2019/20 – 2023/24, including the Adult & Older Adult Community Mental Health Transformation programme<br>○ Sussex and Brighton and Hove Suicide and Self-harm Prevntion Strategy<br>○ Brighton and Hove Drug Strategy<br>○ Relevant Brighton & Hove city council corporate and directorate strategies<br>○ Place Based Plans developed by the Health & Care Partnership<br>○ Family Hubs Transformation Programme<br>○ Multiple disadvantage programme |
| 7.3 | Commissioners, providers and decision makers across Brighton and Hove Health and Care partnership to ensure appropriate impact assessments are undertaken when commissioning, developing and reviewing programmes, plans, services and policies. Tools include: Equality and Health Inequalities Impact Assessments (EHIAs)/ Equality Impact assessments (EIA) and quality impact assessments (QIAs). |