

Mental Health and Wellbeing – Doing things differently

GMCA Scrutiny Committee – 17th January 2024

Xanthe Townend - Mental Health Programme Director

Lynzi Shepherd - GM Strategic Mental Health Commissioning Lead

Introduction



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Integrated Care

Some groups of people have far poorer mental health than others, often reflecting social disadvantage.

In many cases, those same groups of people have less access to effective and relevant support for their mental health.

And when they do get support, their experiences and outcomes are often poorer, in some circumstances causing harm.

This 'triple barrier' of mental health inequality affects large numbers of people from different sections of the population.

In Greater Manchester we are taking action to address the unwarranted variation in access, experience and outcomes faced by some groups of people simply due to their personal characteristics.



Inequalities – National evidence

Access

Older people are a fifth as likely as younger age groups to have access to talking therapies but six times as likely to be on medication

Children and young people from BAME communities are less likely to be able to access services which could intervene early to prevent mental health problems escalating

Many black-African and Caribbean people, particularly men, do not have access to psychological treatment at an early stage of their mental health problem

People from black-African and Caribbean communities are 40% more likely than white-British people to come into contact with mental health services through the criminal justice system

Gypsy, Roma and Traveller communities can have similar difficulties similar to those who are homeless, in that their living status makes it more difficult to access healthcare in the round

Men are less likely to be referred to NHS Talking Therapies services, and to enter treatment, than women

Lesbian, gay and bisexual (LGB) people still experience discrimination in healthcare settings in the round, and many avoid seeking healthcare for fear of discrimination from staff

People with disabilities face unique barriers to accessing care with transportation and cost cited as significant barriers

People in lower income households are more likely to have unmet mental health treatment requests compared with the highest

Many health inclusion groups face barriers to accessing healthcare services in the round, including those sleeping rough, sex workers and migrants

People with mental health problems and co-occurring substance misuse problems can face barriers to accessing mental health support

Experience

Older people with common mental health problems are more likely to be on drug therapies and less likely to be in receipt of talking therapies

BAME patients are less likely to rate their overall experience as 8 or above on a 10-point scale (44% vs 49% for white-British)

Black adults are more likely than adults in other ethnic groups to have been detained under a section of the Mental Health Act)

Services that fail to account for the specific needs of women can perpetuate poor experiences in the round

Transgender people frequently experience prejudice and lack of understanding when accessing services

The 2020 NHS staff survey found that 13.7% of gay or lesbian staff reported discrimination from patients or the public, and 11.8% from their colleagues

Women are more likely to be restrained than men and girls are more likely to be restrained in a face-down position than boys

LGB patients are far less likely to feel they had been treated with dignity and respect by NHS mental health services (55% vs 73% for heterosexuals)

In the 2018 Community Mental Health Survey LGB patients were less likely to rate their overall experience as 7 or above (48% vs 64% for heterosexuals)

A Mental Health Foundation survey found that those with a learning disability and their families were not as satisfied with the care provided by mental health services

Evidence on differential patient and carer experiences of mental health in deprived localities is still emerging

Outcomes

Older people have better recovery outcomes in NHS Talking Therapies than working-age adults, but access is a challenge

Young people in prison are more likely to take their own lives than others of the same age

Though there have been gradual improvements, the NHS Talking Therapies recovery rate for BAME service users is below that of their white-British counterparts

Women, on average, have longer lengths of stay in mental health secure care and many struggle with aftercare arrangements not meeting their needs

The rates of suicide are higher in the LGB population compared to their heterosexual counterparts

LGB people experience poorer recovery outcomes in NHS Talking Therapies services than their heterosexual counterparts

People with disabilities experience poorer recovery outcomes in IAPT services than those without a disability

NHS Talking Therapies recovery rates are generally poorer in the most deprived localities compared to the least deprived

People of the Muslim faith experience poorer recovery rates in NHS Talking Therapies services than any other faith group

Inequalities – Greater Manchester evidence

Access

20% of GM population is aged over 65 yet only 4.5% of people accessing talking therapy are that age.

24% of GM population is from an ethnic minority yet only 15% of people accessing talking therapy & 12% of referrals to secondary MH services are from an ethnic minority.

3.7% of GM population (16+) is LGB and 3% of people accessing talking therapies services state they are LGB.

51% of GM population (16+) is female yet 66% of people accessing talking therapy are female.

18% of GM population has a disability but only 14% of those accessing talking therapy have a disability.

34% of GM is classed as more or most deprived yet 77% of people accessing talking therapy are from deprived areas.

People from deprived areas have a higher rate of use of secondary MH services than those from the least deprived areas.

13% of GM population is Muslim yet only 3% of people accessing talking therapies services declare their religion as Muslim.

3% of GM population are veterans but only 1% of people accessing talking therapies are veterans or dependents of veterans.

Females have a higher referral rate into secondary MH services than males

Males have a higher rate of usage of inpatient MH services than females

8.6% of Manchester's population is black but 26% of Gaddum's advocacy clients are black.

3.4% of Manchester's population is Chinese but they represent less than 1% of Gaddum's advocacy clients.

Experience

Greater Manchester detains black people at 3 times the rate of white people.

The average age of first referral into CYP secondary MH services is higher for girls (11.5 years) than boys (9.9 years)

“In my school they just... people with mental illness, seem just not to be liked; it's not the fact that they have the mental illness, it's things they do.”

“When it's a black person with a mental health issue they're crazy, when it's a white person they're depressed.”

“It isn't just about being Black, it is important that health professionals understand the position that so many of us black mothers are in whether it is because of racism or sexist behaviours that stereotype, expecting things to be the same for me as it is for white women who are not challenged with the same issues as me then it is not great for my mental health, it actually makes me feel worse.”

“I still think if I was white, I would have been offered so much more”

Outcomes

LGB people have worse outcomes from talking therapies than heterosexual people.

People from ethnic minorities have worse talking therapies outcomes than white people.

Women have worse outcomes from talking therapies than men.

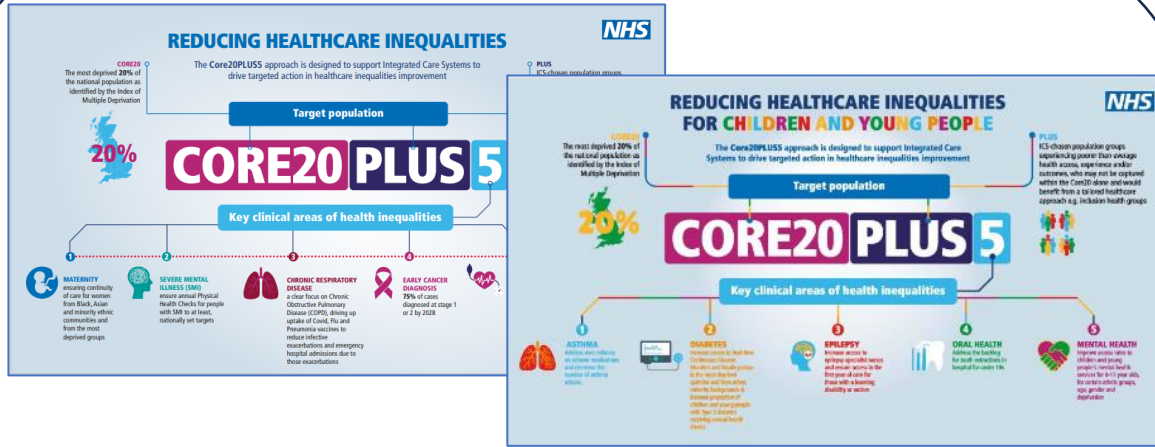
People with a disability have worse talking therapy outcomes than those without.

People from deprived areas have worse talking therapies outcomes than those from least deprived areas.

Muslim people have worse talking therapies outcomes than any other religion.

What we're doing in Greater Manchester to address these inequalities

Implementation of national initiatives



Improving Access to Psychological Therapy (IAPT) Positive Practice Guide Older People (2021)

Andrew Beck, Saqqa Naz, Michelle Brooks and Maja Jankowska

NHS England
NHS Improvement
Publishing Approval Reference: 000334

Classification: Official
Publications approval reference: 011559

Advancing mental health inequalities strategy

September 2020

THE DEAF HEALTH CHARITY SIGNHEALTH

Local initiatives



The John Denmark Unit is an 18-bed inpatient service specialising in mental health and deafness. It offers inpatient and community services.



GM MH Programme funds a dedicated Older People's MH Clinical Lead & hosts an older people's MH clinical forum to share best practice.



NHS Taking Therapies services are more accessible as 70% of GM appointments are delivered remotely, via phone or video call.



Core standard offer for cared for / care leavers developed



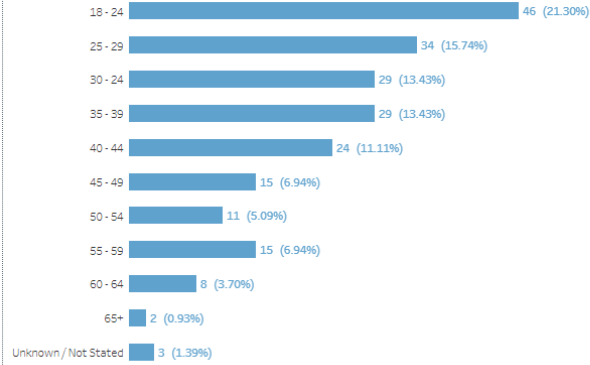
Working with local partners to better understand people's experiences of mental health

Improving data visibility

Local Out Of Area Placements Demographics | Admissions

The data presented here is sourced from local providers and is updated daily. The most recent data currently available is for 15-Dec-2023.

Number Of Patients Admitted By Age (Click any bar to filter the dashboard by that age band)



Number Of Patients Admitted By Gender (Click any bar to filter the dashboard by that gender)



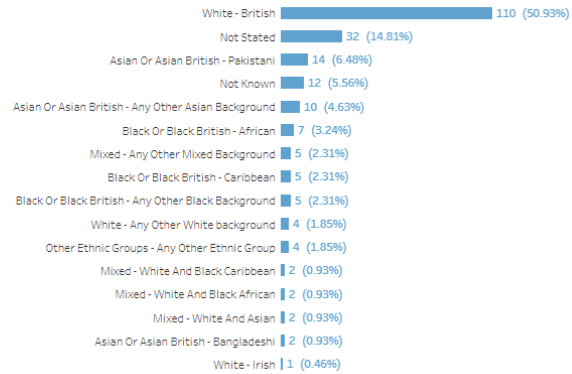
Total Number Of Patients Admitted

216

Total Number Of Admissions

220

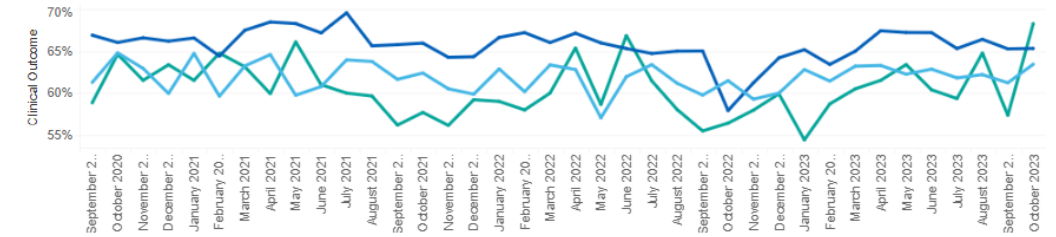
Number Of Patients Admitted By Ethnicity (Click any bar to filter the dashboard by that ethnicity)



Clinical Outcomes

Organisation Type: ICB | Region: NORTH WEST | Organisation Name: NHS GREATER MANCHESTER INTEG...
 Protected Characteristic: Ethnicity - Broad | Variable: (All) | Clinical Outcome: Reliable Improvement Rate

Protected Characteristic: Ethnicity - Broad, Ethnicity - High-Level, Ethnicity - Detailed, Gender, Gender Identity, Sexual Orientation



Clinical Outcome by Protected Characteristic Table for the Last 12 Months

Ethnicity - Broad

Variable	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023
Ethnic Minorities	65%	63%	65%	65%	65%	66%	65%	64%	64%	64%	64%	65%
White British	67%	66%	68%	68%	68%	68%	68%	68%	68%	68%	67%	67%
Other	62%	62%	61%	63%	63%	64%	63%	64%	64%	63%	62%	64%

GM Mental Health Safety Siren

Select any of the grey bars below to filter the view. Unselect to remove the filter.

Gender

- Female: 246,000
- Male: 217,604
- Not known: 5,276

Ethnicity

- British & Irish: 243,636
- Unknown: 170,426
- Black: 46,205
- Mixed Ethnicity: 9,690
- Other White: 5,113

Age Distribution

Age Group	Count
0-9	43,11K
10-19	90,5K
20-29	94,8K
30-39	95,4K
40-49	67,8K
50-59	35,9K
60-69	10,9K
70-79	9,9K
80+	31,9K
???	???

Locality

Locality	Count
Manchester	114,680
Bolton	56,225
Salford	53,238
Unknown	35,040
Rochdale	34,057
Tameside and Glossop	32,434
Oldham	31,899
Trafford	31,298
Bury	29,103
Stockport	28,790
Wigan	22,336

Section 136 referrals received by Mental Health Trust

Number of calls to the GM Mental Health Crisis Line

Mental Health Liaison referrals in A&E

NWAS Suicide Self Harm Calls

Greater Manchester Out of Area Placement

Mental Health CAS calls

Referrals Received: 2023/24 v 2022/23 - to Month 7 (Oct)

GM Reportable ICB: (All) | Provider: (All) | Service Team Referred To: (All) | Age Group: (All) | Gender: (All) | Ethnicity: (All) | Referral View: Referrals Received

By Ethnicity: All Ages, All Gender

Year	2022/23 YTD	2023/24 YTD	2022/23 YTD	2023/24 YTD	2022/23 YTD	2023/24 YTD	% Variance	
1	34,000	35,000	1,000	7.6%	31,000	33,000	1,000	3.2%
2	80,000	82,000	2,000	2.5%	77,000	80,000	3,000	3.9%
3	77,181	80,389	3,208	4.2%	73,973	77,181	3,208	4.3%
4	102,888	103,271	383	0.4%	102,505	102,888	383	0.4%
5	108,208	108,000	-208	-0.2%	107,999	108,208	209	0.2%
6	103,883	104,000	117	0.1%	103,766	103,883	117	0.1%
7	100,700	100,373	-327	-0.3%	100,373	100,700	327	0.3%
8	306,388	306,388	0	0%	306,388	306,388	0	0%
9	333,578	333,578	0	0%	333,578	333,578	0	0%
10	282,764	282,764	0	0%	282,764	282,764	0	0%
11	201,207	201,207	0	0%	201,207	201,207	0	0%
12	303,351	303,351	0	0%	303,351	303,351	0	0%

By Gender: All Ethnicity, All Ages

Gender	2022/23 YTD	2023/24 YTD	2022/23 YTD	% Variance
Female	85,882	128,878	42,996	50.1%
Male	82,305	103,705	21,400	26.0%
Not specified	88	1,000	912	1035.7%
Unknown	1,887	1,000	-887	-47.0%
Grand Total	168,762	182,373	13,611	8.1%

By Age Group: All Gender, All Ethnicity

Age Group	2022/23 YTD	2023/24 YTD	2022/23 YTD	% Variance
Under 18	30,801	41,338	10,537	34.2%
15-24	113,808	121,814	8,006	7.0%
25 and Over	28,153	29,221	1,068	3.8%
Grand Total	172,762	192,373	19,611	11.3%

Levelling up



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Identifying unwarranted variation in service provision



Commissioning choices / differential funding to address this



Monitor variation

CAMHS – Some localities only commissioned to deliver to 16 years, need to standardise offer to cover up to 18 years

Crisis services – all localities now have crisis café provision, yet crisis beds are concentrated on the west of GM

Looked after children – ensuring the same services are available in all localities

Culturally appropriate mental health services fund



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- Established in 22/23 to address the health inequalities that exist in the black and minority ethnic communities in Greater Manchester.
- £763k was available via the fund in 2022/23. This was uplifted to £872,550 in 2023/24.
- 31 culturally appropriate MH services have been established by community led organisations using this funding.
- It has 3 objectives:
 - Partnership Model.
 - Culturally Appropriate Inclusive Integrated Mental Health Services.
 - Reducing racial inequalities in mental health services in Greater Manchester.
- Evaluation data shows that:
 - 1,702 service users seen and supported through the culturally appropriate MH services
 - 1,250 adults and older adults receiving 2+ contacts
 - 8,052 total service contacts

KEREN - Provide front-line emotional & practical support, and ethnically appropriate literature for young ladies (16-24) in the Orthodox Jewish Community who require such appropriate services.

Salford Refugees Link - Train volunteers to be mental health ambassadors (link connector) to be able to identify previous signs or symptoms of mental health problems in the community.

Somali Adult Social Care Agency - 1:1 advocacy and counselling service and 3-hour group sessions to support Somali women's mental health and wellbeing.

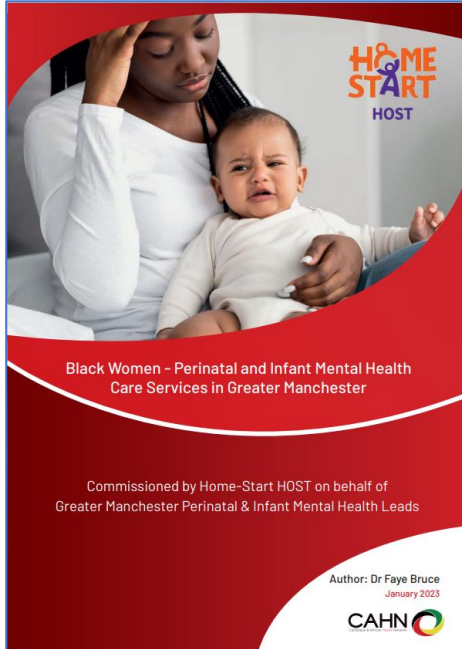
Greater Manchester Eczema & Skin Support - To further understand the dermatology and mental health challenges of BME groups and create culturally appropriate information resources for community members and mental health practitioners.

CAHN - A proven culturally appropriate mental health provision tailored to meet the needs of the Caribbean and African community across GM (initially focusing on Wigan, Bolton, Stockport and Tameside). The service adopts a strengths-based approach offering therapeutic intervention for people presenting with mental health issues to prevent them from declining into the spectrum of SMI and associated complex needs.

Perinatal & parent-infant mental health



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- Black women, followed by White and Black Caribbean and White and Black African women, are more likely to experience a mental illness such as anxiety disorder or depression (PHE, 2019)
- Report commissioned on behalf of GM perinatal leads to explore Black women's experience of mental health and use of maternity services throughout the perinatal period.
- Published January 2023
- Makes recommendations for:
 - Resource development
 - Training, education and development
 - Service design and recruitment
 - Data collection and reporting
- Funding bid for £142k submitted to support rollout of these recommendations via the Caribbean & African Health Network (CAHN).

Service providers will be provided with relevant cultural knowledge to aid understanding of the Black experience and needs. This will help to shape the provision of services and improve practice so that women are engaged and able to access timely mental and physical health wellbeing services

A range of evidence-based resources will be coproduced in partnership with providers and will increase the mental health literacy of women, fathers, and their trusted community and faith leaders

More collaborative and effective partnership working across a number of agencies

Black women will experience reduced isolation and loneliness by building and extending monitored and managed social networks to improve overall physical and mental well-being,

Following training, community members will be able to spot the signs of poor mental health and wellbeing among mothers and will be able to report and signpost to relevant services.

PIMH providers will have access to networks to help target and recruit Black people into perinatal and infant mental health careers.

Women will be able to access the hub as a safe culturally and socially appropriate space to drop in and gain support.

Lived experience in Greater Manchester



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Approach to Recruitment

We look for those who have personally encountered the challenges, emotions, and circumstances that the relevant mental health workstreams aim to address. The following approaches will be used to attract Lived Experience members:

- Collaborating with provider agencies in the GM VCSE who have intelligence and extensive networks
- Collaborating with specialist 'by and for' services to attract members with protected characteristics
- Seeking recommendations/referrals from trusted individuals
- Utilising social media platforms, online forums, and relevant websites

Diversity in Recruitment

We seek Lived Experience Representatives from diverse backgrounds and identities which encompass factors such as race, ethnicity, gender identity, age, disability, sexual orientation, socioeconomic background, place, and other relevant characteristics, ensuring a wide-ranging representation of experiences. Where there are people missing from the Lived Experience Representative 'pool' we will seek guidance and collaborate with communities to make sure people with underrepresented voices are able to contribute using bespoke methods where required. We offer marketing materials and posters in various languages such as Urdu, Polish and Mandarin in order to attract varied participants. We are also recruiting for a BAME participation group to feed in to and support the ICB workstreams we participate in.

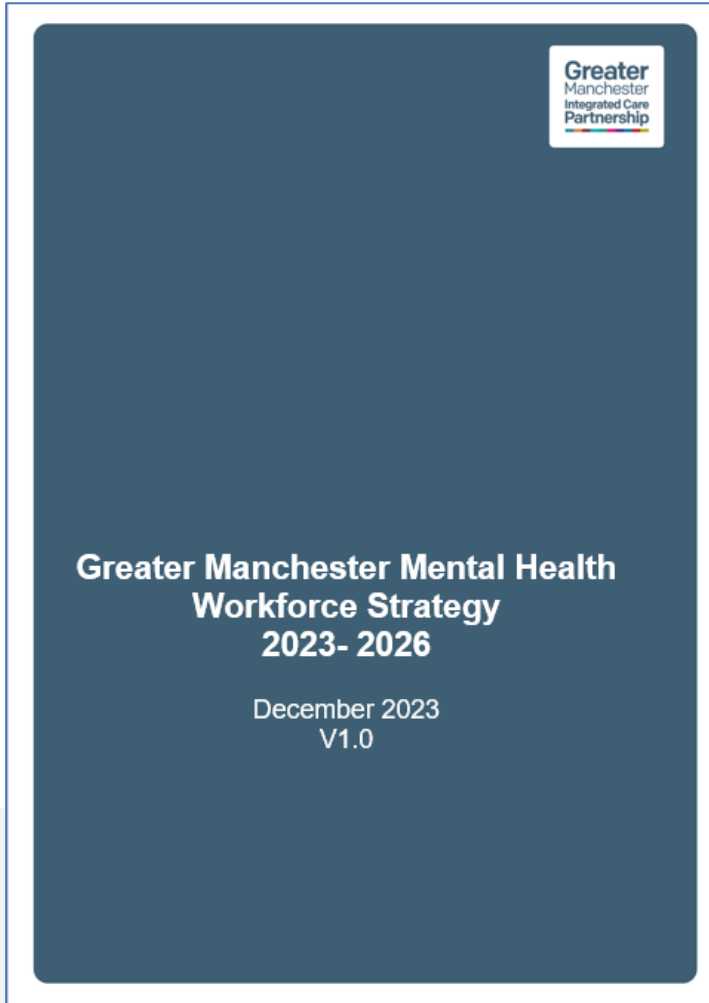
Intersectionality

Intersectionality recognizes that individuals may face unique challenges and perspectives based on the intersections of their identities. We will actively seek individuals who have experienced multiple forms of marginalisation. We offer support in the form of advocacy and additional support for those who do not feel that they can actively speak within a group forum.

Addressing workforce inequalities in Greater Manchester



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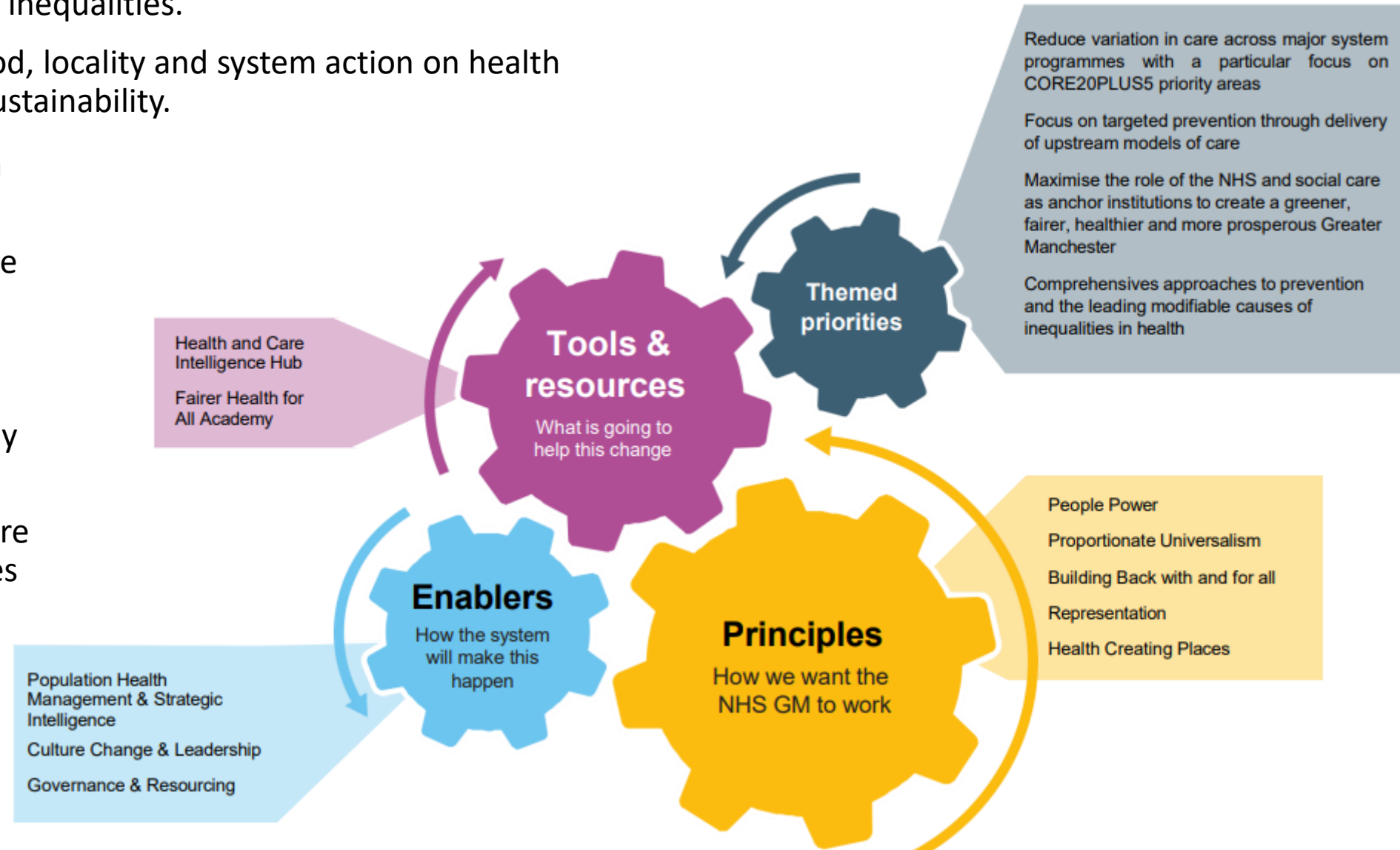
We will deliver a compassionate working culture at all levels and address health inequalities within our workforce

We will link into system areas of expertise relating to health inequalities and population health management to proactively support and engage our residents and enable our workforce to adapt their practices to support all cultures and communities

We will support equality, diversity, and inclusion in future workforce planning to ensure our workforce is representative of our community

Fairer health for all

- A framework that outlines our approach to addressing root causes of ill health and inequalities.
- Enabling neighbourhood, locality and system action on health equity, inclusion and sustainability.
- Mission 1 – Strengthen communities
- Mission 2 – Help people to stay well and detect illness early
- Mission 3 – Helping people get into and stay in good work
- Mission 4 – Recover core health and care services



How the ICP strategy will help reduce inequalities - Missions



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Strengthen our communities

We will help people, families and communities feel more confident in managing their own health



Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities



Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing



Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home



Achieve financial sustainability

We will manage public money well to achieve our objectives



The GM Mental Health and Wellbeing Strategy

2024 - 2029



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Wellbeing

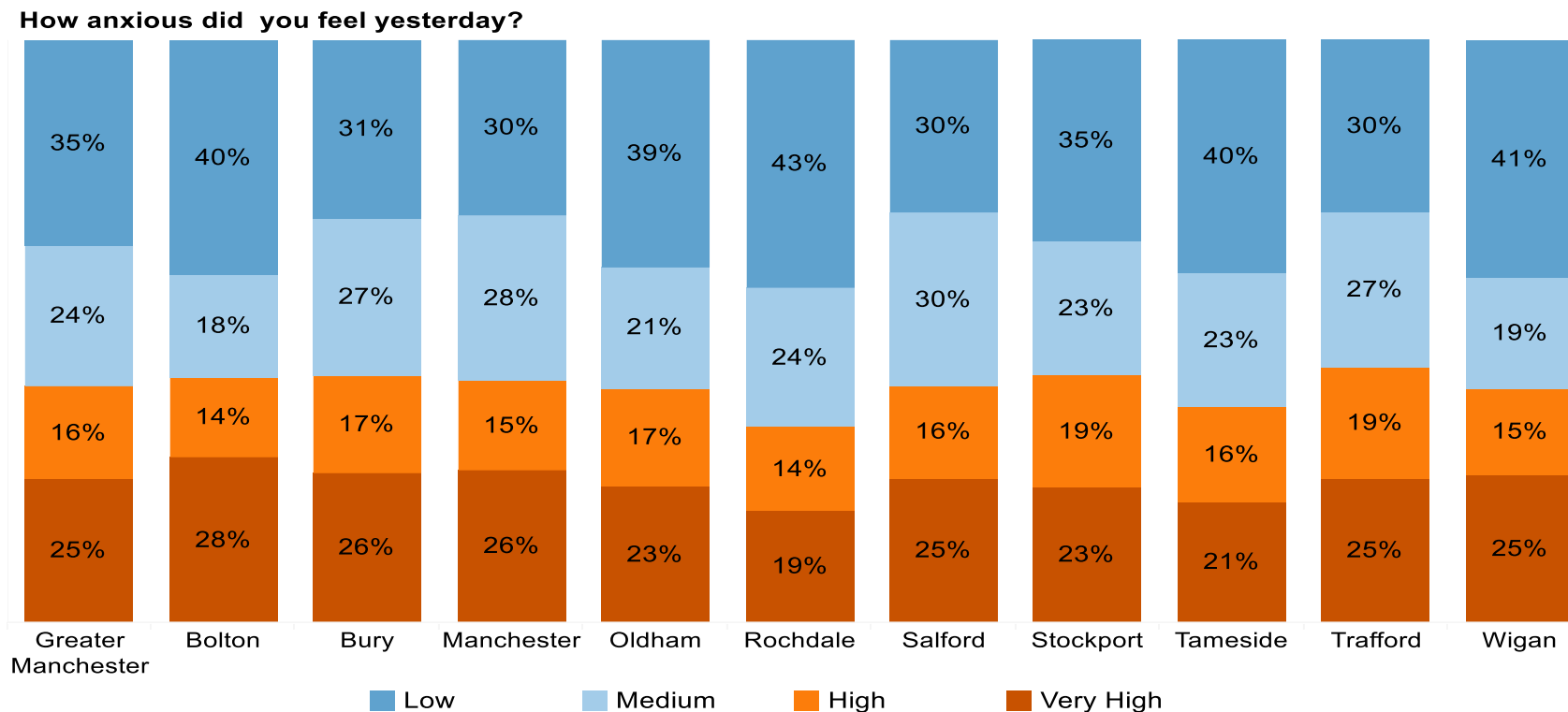
Mental wellbeing is generally understood to be a person's ability to feel good and function well.

In the Greater Manchester Big Mental Wellbeing Conversation, the overwhelming majority of surveyed residents – 97% – stated that mental wellbeing was important or very important to them.

[What does mental health and wellbeing mean to you? \(youtube.com\)](https://www.youtube.com/watch?v=...)



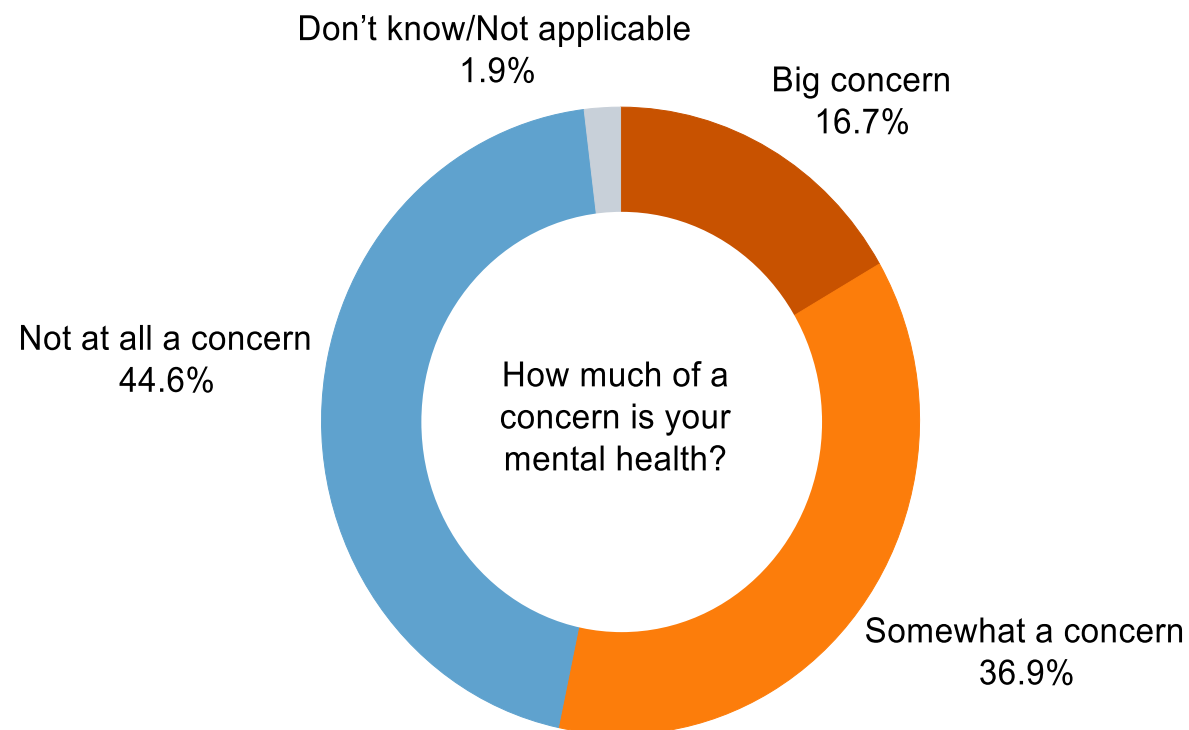
Factors that impact on wellbeing



Source: ONS – Personal well-being in the UK (2021/22)

Feeling anxious: in 2021/22, one in four residents in Greater Manchester reported having very high anxiety

Factors that impact on wellbeing



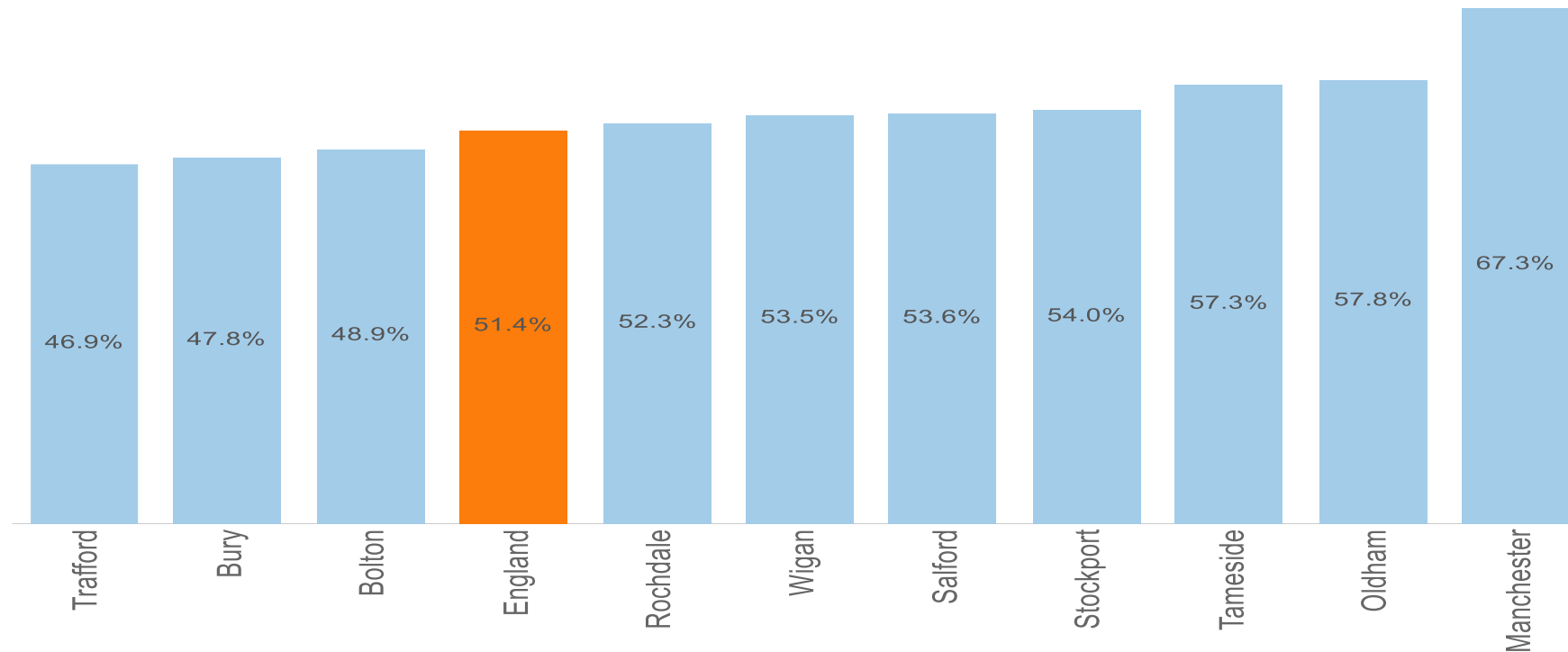
Source: GMCA - Greater Manchester Residents Survey (2022)

Personal mental health: over half of adults (1.1 million people) in GM were at least somewhat concerned about their mental health in 2022

Factors that impact on wellbeing

% Experiencing Loneliness

Source: ONS - Opinions and Lifestyle Survey



Connection: In 7 out of 10 localities, people reported they experienced higher levels of loneliness than the England average

How the GM Mental Health and Wellbeing Strategy is being delivered and impacts

Vision: A mentally healthy city region where every child, adult and place matter

Page 186

At the heart of our strategy, we have five shared missions we want to focus on as a unified, integrated, and equitable system.

1

People will be part of mentally healthy, safe and supportive families, workplaces and communities.

2

People's quality of life will improve through inclusive, timely access to appropriate high-quality mental health information, support and services.

3

People with long-term mental health conditions will live longer and lead fulfilling and healthy lives.


4

People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive.

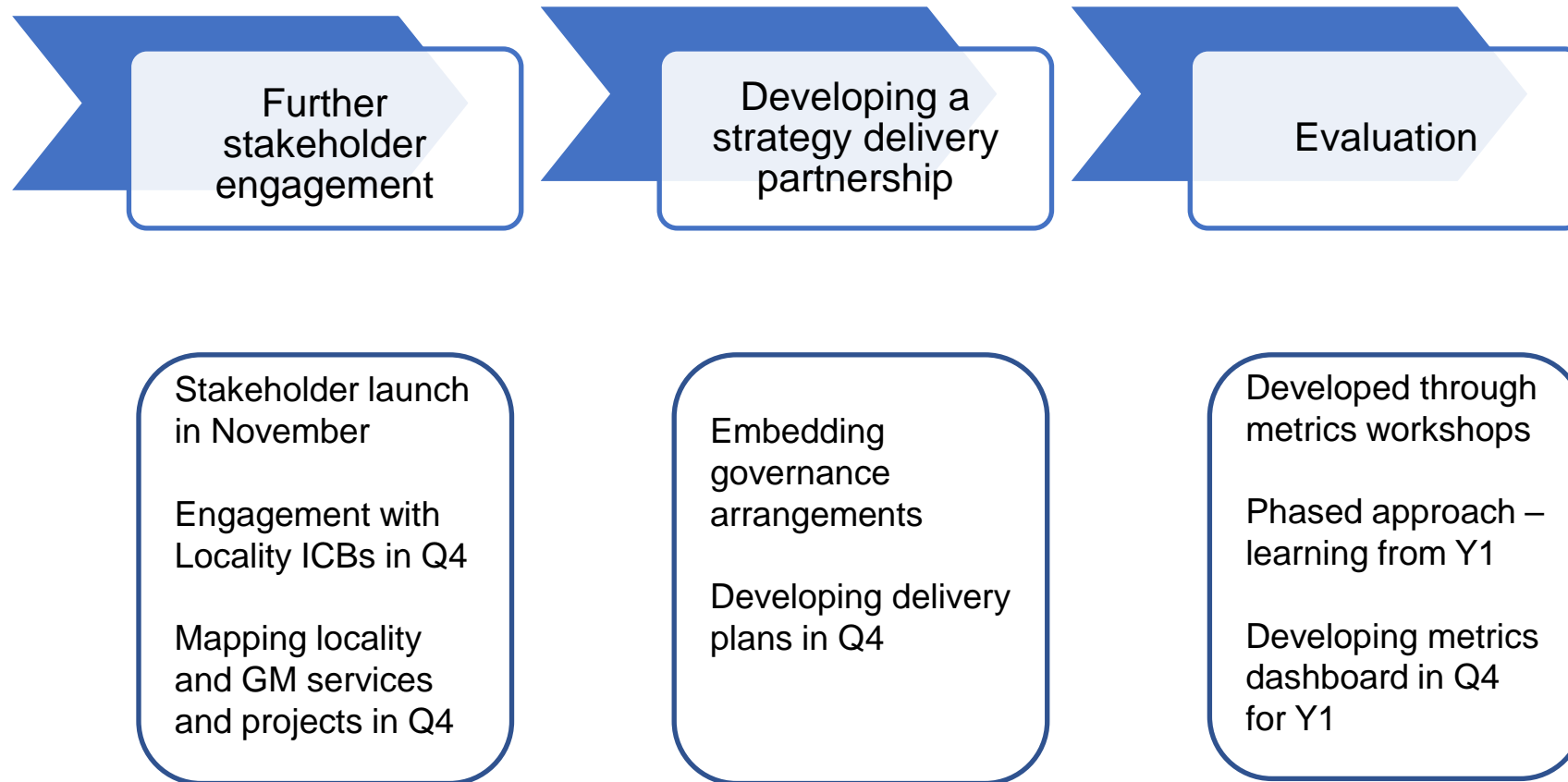
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The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from


How the missions were created

- Co-designed with hundreds of stakeholders, including people with lived experience, providers and professionals.
 - Complementing locality plans and activities, and building on numerous examples of excellent partnership working in localities and pan-GM.
 - Also builds on a 'whole system' approach, and active partnerships with the VCSE sector.
 - Taking a preventative wellbeing-led approach and recognising the social determinants of mental health and wellbeing.
 - Aligned to and contributing to all six of the ICP Strategy missions.
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How the GM Mental Health and Wellbeing Strategy is being delivered



Establishing a strategic delivery partnership – next steps

1. Agree governance structure.
 2. Establish GM MH and Wellbeing Strategy Oversight Group.
 3. Agree a system lead for each mission group and establish 5 Mission Groups under their leadership.
 4. Concurrently, further system-wide engagement and mapping across the system, including localities, other key groups and sectors.
 5. Finalise metrics dashboard for year 1.
 6. Develop communications plans for sharing strategic milestones and learning.
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Our approach to evaluating how we are ‘doing it differently’

Evaluation principles:

- the needs and experiences of GM people are core to evaluating the strategy and determining its success;
- it is important that the evaluation captures the system-wide impact of the strategy, and so metrics relating to all parts of the GM system need to factor;
- where possible, evaluation measurements and metrics will draw on existing data and collection mechanisms;
- national NHS principles for the transformation of mental health care in England were also considered and alignment to national priorities mapped;
- the shared focus is to reduce demand, lower costs or redirection demand through early intervention or prevention;
- the approach to measuring success will continue to be a focus throughout the life of the strategy, and as system-wide learning grows, this will feed the evaluation approach.



Our approach to evaluating how we are ‘doing it differently’

The metrics workshops also pinpointed some areas of cultural change stakeholders were keen to develop over the life of the strategy, including:

- focussing on being proactive rather than reactive and ‘moving from screening to intervening’;
- encouraging system-wide thinking as well as role, organisational or sectoral thinking;
- collaborating on the ‘big issues’ and contributing without the limitations of silos;
- prioritising communicating what works, what works less well and ensuring it is easy for people working in the system to find the tools and resources they need to support GM residents.



Taking a phased approach - year 1 metrics:

GM Mental Health and Mental Wellbeing Strategy Mission

Headline metric for this mission – year 1

People are part of mentally healthy, safe and supportive families, workplaces and communities	A reduction in mental health related calls to GMP
People's quality of life improves through inclusive timely access to appropriate high quality mental health information, support & services	Eliminate acute out of area placements
People with long term mental health conditions live longer and lead fulfilling and healthy lives	Increase in Severe Mental Illness Physical Health checks
People are comfortable talking about their mental health and wellbeing and are actively involved in any support and care they receive.	Increase in Mental Health and Wellbeing training (Connect 5, Mental Health First Aid and Suicide Awareness) across the Greater Manchester system
The mental health and wellbeing system recognises the inequality, discrimination and structural inequity of people's experience, and is developing more inclusive services and opportunities that people identify with and are able to access and benefit from.	Increase in referrals to Mental Health Support Teams

Mental Health and Mental Wellbeing metrics already identified in the GM ICP Strategy and JFP will also feature in the assessment of progress and success.



How will the GM ICP Strategy address the overarching mental health inequalities

The role of the GM Mental Health and Wellbeing Strategy in addressing health inequalities



Aligning to the missions and vision of the ICP Strategy

Embedding an early intervention and prevention approach to mental health

Taking a person-centred, trauma-informed approach

Drawing on Population Health evidence, insight and initiatives, including rich data from localities and VCSE sector

Annual spend

ICP annual budget	£	%
In total	7,000,000,000	
Spent on mental health care	650,000,000	9% of the whole budget
Spent on mental health care delivered by the VSE	5,000,000	0.7% of the MH budget





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