



Leeds
Health & Care
Partnership

Leeds Mental Health Strategy 2020-2025

2022 Update



Foreword

Leeds is a great northern city, with plenty to offer those of us who live, learn and work here. It may be because of our growing economy and population, diverse and vibrant communities, our unparalleled Third Sector, or our exceptional educational offer. But at the heart of all of these, and what truly makes us great? Our people.

Our greatest strength and most important asset is us: the people of Leeds.

Our connections with family, friends and colleagues, the behaviour, care and compassion we show one another, the environment we create to live together, the way services work together to get the best results, or the thousands of people offering care and support for someone they love.

We have worked hard in Leeds over decades to improve the things we know help people to have good mental health: investing in and supporting new and innovative services, green spaces, education, community initiatives, and arts and culture.

All of these things contribute to our quality of life and our mental wellbeing.

However, the COVID-19 pandemic has made it incredibly tough to stay connected with the people around us, and we have all faced the pressures of trying to keep ourselves and those we care about safe and well. Many of us have struggled with feelings of isolation or worsening mental health. We have been under pressure like never before.

But in Leeds our pandemic story is also one of resilience, of mutual support, of coming together. 57,000 people in health and care worked together as one Team Leeds to make sure people had food, medicines, and someone to check on their wellbeing. Neighbours looked out for one another, new groups and activities popped up to help ease social isolation. We were called upon, and as a city, we stepped up to take care of each other.

While we have all been through this pandemic, we have not all experienced it in the same way. Many people were already experiencing pressures on their mental health, caused by things such as job insecurity, financial hardship or loneliness. Many of these pressures have increased, and we know that some people and some communities have struggled more than others.

That's where the Leeds Mental Health Strategy comes in. It's for everyone, of all ages, wherever you live, study, or work in Leeds, for however long you call Leeds home.

The strategy seeks to tackle head on some of the greatest challenges we are facing as a city, ensuring that mental health underpins everything we do as we move beyond the pandemic, while targeting efforts where they are most needed so that the health of the poorest improves the fastest.

It covers how we are strengthening our efforts to keep people in Leeds mentally healthy, while addressing the fact that we need to do more to support people with mental health problems, including those who live with severe and enduring mental illness. We all – citizens, health and care workers, employers, communities – have a part to play in Leeds being a mentally healthy city for everyone: a compassionate place where our default is to listen to others, where everyone feels able to talk freely about their feelings and emotions, and where families are supported to ensure good mental health now and for future generations.

The Leeds Mental Health Strategy makes sure we have the conditions in which we can all flourish in our diverse communities. This means we can enjoy the things that help us feel good, we know what helps our mental wellbeing, and we can get access to high-quality support and compassionate services when we need them.

In Leeds, we have the conditions and power within our communities and organisations to promote good mental health and turn the tide on poor mental health, so that everyone in our city can thrive.

Cllr Fiona Venner
Chair of the Health and Wellbeing Board

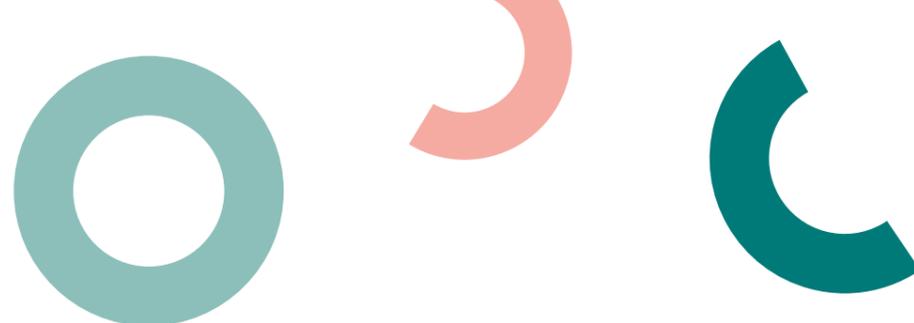
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Introduction

2022 Update



The Leeds Health and Wellbeing Strategy provides a framework for improving health and for making Leeds the best city for health and wellbeing. The Leeds Mental Health Strategy sets out how we will achieve this vision for mental health, so that ‘Leeds will be a mentally healthy city for everyone’.

Being a mentally healthy city means that more people will feel comfortable talking about their mental health and that everyone, whoever they are, however they identify, and wherever they live, will be able to access good quality mental health services when they need them. It also means that Leeds will be a place where the conditions in which people are born, grow up, and grow older, support good mental health and wellbeing. This includes taking action to reduce poverty and the impact of poverty.

The strategy was written and approved by the Leeds Health and Wellbeing Board before the start of the COVID-19 pandemic. Some sections of the strategy have therefore been updated to reflect the impact of the pandemic on our city and on our mental health.

Over the last two years, health and care partners in the city have continued to work towards achieving the vision set out in this strategy – recognising more than ever that our three passions of: reducing mental health inequalities, improving the mental health of children and young people, and improving the flexibility, integration and compassionate response of services, needed to guide our work during the pandemic and as we move into a new phase of living with COVID-19.

This work has been happening in a changing context. During the last two years, not only have organisations in the city begun to form new ways of working together, but we have, as a society, developed a renewed appreciation for NHS, social care and frontline staff. The impact of the Black Lives Matter movement continues to resonate and bring about important changes across communities and services, and both COVID and the cost of living crisis have underlined the connection between our wider lives and our mental wellbeing.

The pandemic has had far-reaching effects. It has had an impact on everyone psychologically or emotionally. This

means that in our mental health work we need to recognise that we have all been through an extremely challenging time, while also recognising that for some people, this has been significantly worse.

The virus itself, along with the social and economic shifts associated with it, has worsened existing mental health inequalities. Groups who were already at risk of poor mental health are more likely to have struggled during the pandemic, and may take longer to recover. For people with existing mental health problems, there is some evidence that these may have become more severe during the last two years. Some people have also been directly impacted by COVID-19, with a subsequent effect on their mental health. These include frontline health and social care workers, people hospitalised by COVID-19, and people living with long COVID.

As we continue to adapt to living with COVID-19, it is vital that we support people to make sense of what has happened, and to ensure we are able to respond to mental health needs. Part of this work is happening in Workstream 1, outlined in this updated strategy, and there are also plans to run the annual How Are You Doing, Leeds? mental wellbeing survey, and a series of focus groups to ensure we are listening to people’s experiences and learning from them as the strategy work continues.

The Leeds Mental Health Strategy sets out the ‘story’ of mental health in Leeds – what is important and why. It provides a vision for the city which is also a bold call to action: mental health is everyone’s business. Only by coming together to address the wider factors that affect mental health, improving services and, by truly focusing on prevention and recovery as we come out of the pandemic, will Leeds become a mentally healthy city for everyone.

Our Vision:

Leeds will be a Mentally Healthy City for everyone

Scope and Purpose

The Leeds Mental Health Strategy adopts the World Health Organisation (WHO) positive definition of mental health, which is broader than just mental illness.

‘A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.’

World Health Organisation, 2013

The strategy is for all ages: it covers how we plan to improve mental health and wellbeing from conception through to end of life. It also makes clear the contribution that other policy areas, such as housing or community safety, make towards people having good mental health.

Building on the Leeds Mental Health Framework 2014–2017, this strategy includes a focus on improving services. There are other strategies in Leeds that address the mental health of children and young people and the mental health of older people.

The Leeds Mental Health Strategy does not replace these existing strategies and work programmes, but it does provide a unified vision for mental health in the city. This means that activity across children’s and adult services, across both prevention and treatment, and in community settings and hospitals, can be better aligned and therefore have the greatest impact on people’s lives.

The purpose of the strategy is to:

- Drive forward the vision that ‘Leeds will be a Mentally Healthy City for everyone’, show how we can all play a part in this, and how we will know when we’ve achieved it.
- Set out the delivery plan – three passions, five outcomes and eight priorities that will help achieve the vision.
- Provide a framework within which to develop a shared culture across diverse services.
- Address the increased mental health needs and inequalities resulting from the COVID-19 pandemic.

Summary of Leeds Mental Health Strategy 2020-2025

Our Vision:
Leeds will be a
Mentally Healthy
City for everyone

Workstreams

1. COVID-19 Recovery
2. Transforming Community Mental Health Services
3. Redesigning Crisis Services

3 Passions: areas for improvement

1. Reduce mental health inequalities
2. Improve children and young people's mental health
3. Improve flexibility, integration and compassionate response of services



8 Priorities: focusing our attention

1. Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
2. Reduce over-representation of people from Black, Asian and minority ethnic communities admitted in crisis
3. Ensure education, training and employment is more accessible to people with mental health problems
4. Improve transition support and develop new mental health services for 14-25 year olds
5. Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health. This includes an understanding of how to respond to adverse childhood experiences and embedding a 'Think Family' approach in all service models
6. Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response
7. Ensure older people are able to access information, support and appropriate treatment that meets their needs
8. Improve the physical health of people with serious mental illness



5 Outcomes: starting with people

1. People of all ages and communities will be comfortable talking about their mental health and wellbeing
2. People will be part of mentally healthy, safe and supportive families, workplaces and communities
3. People's quality of life will be improved by timely access to appropriate mental health information, support and services
4. People will be actively involved in their mental health and their care
5. People with long term mental health conditions will live longer and lead fulfilling, healthy lives



Guiding Principles

When working together to develop and implement this strategy, partners in Leeds have agreed to:

- Ensure that services and new work are co-produced with people at the centre
- Recognise the impact of trauma and adversity on people's mental health
- Take a person and family-centred, strengths-based approach
- Have a strong focus on the wider determinants of mental health and illness
- Ensure that mental health and physical health are treated equally
- Challenge stigma and prejudice
- Make sure that any action is based on the best possible evidence.
- Adopt a recovery focus wherever possible
- Address issues of inclusion and diversity

These commitments align with the three agreed principles that guide the way health and social care organisations in Leeds work together.

Principles of our approach

We put people first:

We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce.



We deliver:

We prioritise actions over words to further enhance Leeds' track record of delivering positive innovation in local public services. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.



We are Team Leeds:

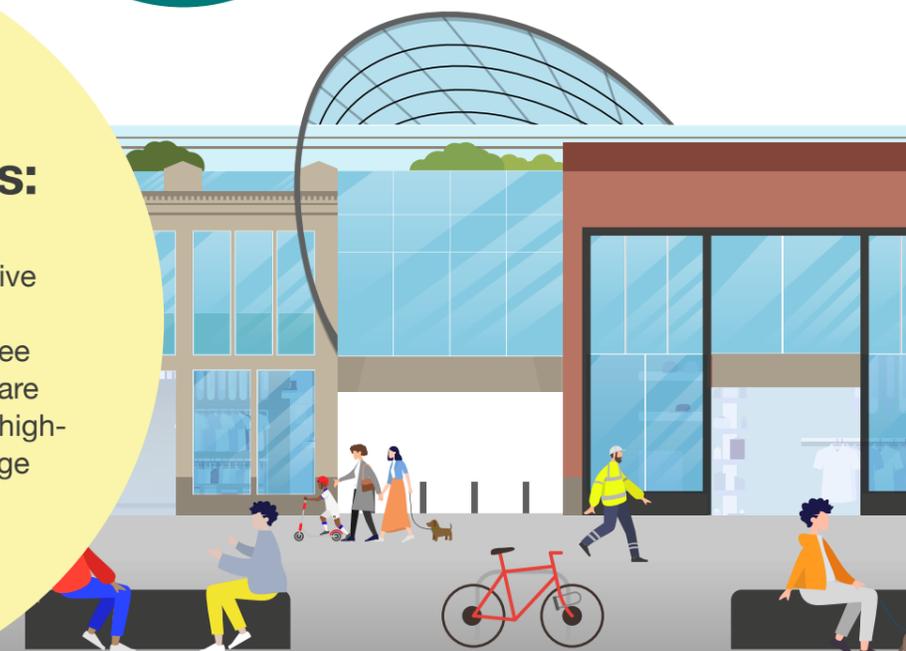
We work as if we are one organisation, taking collective responsibility and never undermining what we agree together. Difficult issues are put on the table, with a high-support, high-challenge attitude to personal and organisational relationships.



How this strategy has been developed

The Leeds Mental Health Strategy has been developed by a sub-group of the Leeds Mental Health Partnership Board. Members of this group reviewed all the information that has been gathered about mental health in the city in the five years to 2020. From this, three passions and a number of priorities were chosen. These were discussed at a series of engagement events with service users, carers and wider stakeholders. What people said at these events, and their thoughts on the passions and priorities, have informed the structure and content of the strategy.

5
years



Our Strengths



Mental Health is connected to everything: it's where we live, how we learn, work and play. It's our physical health, the environments we are surrounded by, the relationships we have and importantly, the experiences we go through. It all has an impact on how we think and feel. This means that there are many opportunities for improving mental health. It can also make knowing where to start feel difficult.

The good news is we are already doing many things in Leeds that contribute towards being a mentally healthy city.

Leeds is a vibrant city with many individual and community assets to build upon



This includes our lively arts and cultural scene which has a central role in celebrating the diversity of the city, growing the economy, reducing unemployment, connecting communities and reducing poverty. Programmes such as Leeds Pride and Carnival, alongside the work of theatres, dance programmes, sports clubs and faith groups, all support good mental health and wellbeing. Such activities enable people of all ages and backgrounds to build connections with others, to feel like they belong and to build shared sources of identity.

Leeds is a compassionate city, committed to an approach that focuses on the strengths of people and communities



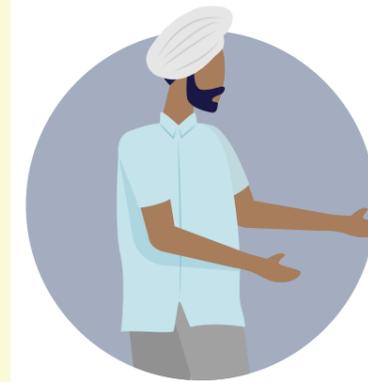
Asset Based Community Development is about nurturing communities and connections between people in local areas. For everyone in Leeds, including those with mental health needs, to have the opportunity to contribute to, be valued by, and be involved with where they live has enormous potential for building resilience and supporting good mental health.

Leeds is a thriving city with an economy worth an estimated £21.3bn



A significant number of large organisations call Leeds home and these organisations have enormous potential to contribute towards Leeds being a mentally healthy city. The decisions they take in terms of how they decide to support their workforce, providing jobs and training for local communities, and reducing carbon emissions and greenhouse gases, all impact on the people of Leeds and their mental health.

Leeds delivers innovative and award-winning mental health services



These include the Yorkshire Centre for Eating Disorders, the regional Personality Disorder Service and digital resources for both children and young people (Mindmate) and adults (Mindwell). Underpinning this is the significant contribution of the Third Sector, along with widespread commitment to recovery-based approaches, and service user involvement, including the development of 'I statements' and 'we statements', which set out how people want to be treated when they access services.

Leeds is a pioneering place



The city develops and sustains prevention approaches over time. This includes: delivering a comprehensive suicide prevention programme and being an early signatory to the Public Health England Prevention Concordat, as well as establishing the Leeds Best Start strategy which supports parents' wellbeing, and therefore protects the future mental health of babies and children. Leeds also provides many opportunities for people to be physically active – and therefore mentally healthy – through programmes like Leeds Girls Can and through supporting access to green spaces and active travel.

The Leeds approach to mental health and wellbeing



Common mental health problems

Including: anxiety, stress, depression, low mood, phobias

Talking Therapies and Self Help

- MindMate SPA Brief
- Emotional Support in Schools (TAMHS)
- MindMate Wellbeing Offer (school clusters)
- Next Steps Clinic
- Infant Mental Health Plus
- Leeds Mental Wellbeing Service (previously IAPT)
- KOOTH
- Intervention
- Trailblazer
- THRU



Serious mental illness

Support in hospital and in the community delivered by teams of Psychologists, Psychiatrists, Mental Health Nurses and Occupational Therapists

- Adolescent Inpatient Service
- 3 x Community Mental Health Teams
- Early Intervention in Psychosis Services
- Specialist Mental Health Services
- Assertive Outreach Team
- Community Outreach Service
- Supported Accommodation
- Rehab and Recovery Service
- The Newsam Centre
- The Becklin Centre



Support during pregnancy and in the 2 years after birth

For mums, dads, co-mothers and partners

Range of support delivered by The Early Start Service, Peer Supporters and Specialist Teams

- Perinatal Mental Health Ambassadors
- Leeds Mental Wellbeing Service
- Specialist Counselling
- The Mount – inpatient support for mums and babies
- Community Perinatal Mental Health Team
- Infant Mental Health Service
- Specialist Midwives and Obstetricians



More complicated mental health problems

Severe anxiety, ongoing depression, eating disorders, substance use and other mental health problems

Medical and social support for people with ongoing needs

- CAMHS Community Teams
- Strengths Based Social Work
- Intensive Positive Behaviour Service
- CAMHS Eating Disorders Team
- Youth Justice Service
- CAMHS Nurses
- Leeds Mental Wellbeing Service
- Community Based Mental Health Services
- Psychological Services
- Live Well Leeds
- Personality Disorder Service
- Forward Leeds
- Eating Disorders Services
- Supported Accommodation



Keeping mentally healthy

NHS, Council and Third Sector Services working together to promote good mental health, prevent mental health problems and provide helpful information

- Better Together
- Best Start
- Mindful Employer
- MindWell
- MindMate
- Young People's Resilience Programme
- Recovery College
- Forward Leeds
- Linking Leeds
- H&WB Service (MindMate Champions programme for schools)
- Mentally Healthy Leeds
- General Practice

MindMate

MindWell

Mental health crisis

Services that provide a rapid response

- Crisis Cafés (Dial House and Connect; The Market Place for 11-17yrs)
- Teen Connect Service
- Approved Mental Health Professions
- Crisis Resolution and Intensive Support Service
- Emergency Duty Team
- CAMHS Crisis Service
- Street Triage
- ALPS



The Challenges

Despite Leeds' diverse culture, thriving economy and excellent services, not everyone is benefitting from what the city has to offer.

Estimates suggest that mental ill-health costs Leeds over

£500m

every year through lost economic output, benefits payments and its effects on the health and social care system.



Within the city, there remains an unacceptable health inequality gap, with

10 years'

difference in life expectancy between those with the best and worst health.

This inequality is related to both mental and physical health and has a relationship to where people live. Simultaneously, the population of Leeds is changing and this means that we are likely to face new and greater challenges in the coming years.

The number of people living in poor neighbourhoods and the proportion of children and young people within this, has significant consequences for the future mental health of our city. This is because we know that what happens in childhood has long-term implications for people's mental health.

170,000+

people in Leeds live in areas ranked amongst the most deprived 10% nationally.



In 2016 over

17%

of children (under 16s) were estimated to live in poverty.

The population of children and young people is

growing

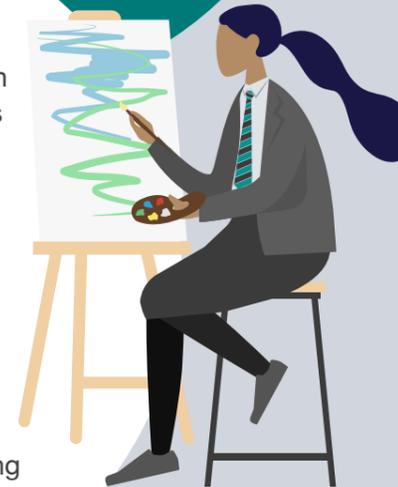
at a faster rate than the population of the city as a whole, and this is particularly the case in our communities that experience the greatest inequality.



National research suggests that the mental health of girls and young women appears to be worsening. This has particular resonance for our city which hosts over

60,000

young people every year, many of whom fall in to this age bracket. Feedback from Higher Education institutions in the city is that students of all genders are arriving in the city with increasing levels of emotional distress.



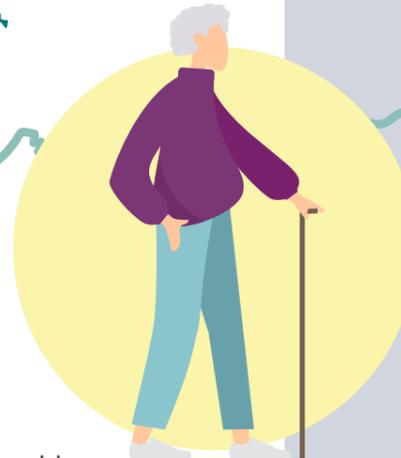
There has been a recent growth of in-work poverty, with an estimated

70,000+

working-age adults from working households living in poverty.



The ageing population also provides Leeds with significant challenges in terms of how to support older people, many of whom live alone, to maintain connections with other people and to access support that meets their needs.



The impact of austerity and new economic models are putting pressure on some of the poorest communities in the city. In-work poverty has increased in the city as it has elsewhere in England in Wales. Financial insecurity has huge implications for people's mental health and has been estimated by the World Health Organisation to be the largest single factor that maintains mental health inequality.

The population of the city continues to age. This has a range of implications for services, not least as a result of a far more ethnically diverse older population, with a greater concentration in the city's inner areas.

It is vital that health and social care systems scale up prevention if the pressure on mental health services is to be reduced. But current funding for mental health services, including supported accommodation, does not meet demand.

National funding for mental health has never equalled that of physical health. Even large flagship services like IAPT (Improving Access to Psychological Therapies) have only ever been resourced to meet a small proportion of mental health need (currently around 20% of need). Recent announcements made as part of the NHS 10 year plan suggest that funding will be increasing across both adult and children and young people's mental health services, but this comes within a broader context of significant under-investment, particularly for children and young people.

Having a mentally healthy and well-trained workforce is central to being able to achieve the vision of Leeds being a Mentally Healthy City for everyone.

The Health and Social Care workforce - GPs, social workers, Third Sector workers and teachers, are often the first practitioners that people approach when they have a mental health problem. These groups need to be supported to maintain their own mental health and wellbeing, particularly given limited resources and increasing levels of need.

Mental Health in Leeds

People's mental health and wellbeing changes from moment to moment and anyone can develop a mental health problem. But the factors that increase the risk of poor mental health or promote good mental health, are not distributed equally across the city. This means that certain communities or groups are more likely to have poor mental health and to find it more difficult when they try to get help. Ultimately, this leads to avoidable or unfair outcomes called health inequities or health inequalities.

The World Health Organisation (WHO) has identified five key factors that contribute to health inequity:

- Health services
- Income security and social protection
- Living conditions: including housing deprivation, unsafe neighbourhoods and lack of green spaces
- Social and human capital: incorporating education, trust and political voice
- Employment and working conditions

World Health Organisation (2019) Healthy, Prosperous Lives for All: the European Health Equity Status Report

Risk and Protective Factors

There are specific factors, that fall under the headings identified by the WHO, that are known to either increase the risk of someone having poor mental health or to protect it. These are important at the time, but they also have significance in the future.

For example, we know that children who live in an environment where their emotional needs are not met are more likely to have mental health problems as an adult. This is because of the way in which early childhood experiences, particularly those that are 'adverse', affect brain development and future emotional and social functioning.



Risk Factors

- Adverse experiences such as trauma and abuse
45,000
- Debt and financial strain
100,000
- Caring responsibilities
70,000
- Social isolation
40,000
- Long term health conditions
200,000
- Unemployment
40,000

Protective Factors

- Support to develop healthy attachment with the Best Start Programme
- Resilience programmes in schools
- Employment support and anti-poverty programmes
- Celebration of positive role models at Leeds Pride and the West Indian Carnival
- Access to green spaces across the whole city
- Community resources, social capital and social networks



A sensitive understanding of how mental ill health occurs helps to ensure that efforts to prevent it are focused in the best possible way. Recent local studies which summarise the mental health inequalities experienced by different groups in the city, can be found on the Leeds Observatory: <https://observatory.leeds.gov.uk/health-and-wellbeing/needs-assessments>

Across the course of people's lives there are also points of change that often have an impact on mental health and wellbeing. In most cases, these transitions do not lead to mental health problems. However, it is often during major life changes that people benefit from extra support to stay mentally healthy. These transitions include: becoming a parent for the first time, starting high school or university, the menopause, retirement or experiencing a bereavement.

Mental Health in Leeds



16,323
older people in the city are estimated to have depression, of whom 85% do not receive treatment



Hospital admissions due to self harm are higher in Leeds than the national average



16,000
estimated young women in the city may have self harmed, with a higher proportion in more deprived areas

50%
of people with Autism have a recorded diagnosis of anxiety and depression



90%
of the LGBTQIA+ population report mental health struggles in the last five years, with 86% seeing mental health as the greatest priority for community health and wellbeing



13,000
estimated young women in the city have eating disorders (mild-severe)



More men access drug and alcohol services than women, but women are more likely to have a diagnosed mental health and substance use problem



5:1

is the ratio of men to women who take their own life in Leeds



People from BAME ethnic backgrounds are more likely to be detained under the Mental Health Act when in mental health crisis compared to people of white backgrounds

1.6
times more likely from an Asian ethnic background

2
times more likely from a Black ethnic background

2.5
times more likely from an Mixed Race ethnic background

16%
of people in Leeds have sought help from a GP for anxiety and depression



1,500
women a year have a mental health problem during pregnancy or in the following year



1/3
of people using mental health crisis services in Leeds weren't known to mental health services



A Mentally Healthy City for everyone

Leeds has laid the foundations to become a Mentally Healthy City for everyone. The five outcomes that make up the vision reflect different areas of work that have already begun. Bringing them together provides the city with a unique opportunity to maximise the work that is happening but to also make important connections outside of mental health.

It will take determination from strategic partners, businesses and communities in order to achieve the vision. Reducing stigma, developing trust within and between communities, improving services, and working across organisational boundaries to meet people’s physical and mental health needs, is dependent upon changing how we think and feel about mental health and relies upon organisations and systems working together in new ways.

But Leeds already has the building blocks, the assets and the commitment in place to enable the vision to become a reality.

What will a Mentally Healthy Leeds feel like in 5 years?

A mentally healthy Leeds is a city where...



People flourish within diverse families and communities of all shapes, sizes, geographic and non-geographic groupings. The relationships and resources in communities, alongside our thriving Third Sector, commerce, and public spaces are building blocks for a good quality of life. We use cultural activity to both celebrate and reaffirm who we are, helping us strive for inclusion and challenge that which seeks to divide us. We seek greater social equality and mobility and stand against inequity, inequality and injustice so that everyone can benefit from what our city has to offer.

The places we live, work and play in are safe, improve our wellbeing and keep us mentally and physically healthier for longer. Leeds is a city where our default is to listen and understand people’s experiences, meaning we create spaces for people to feel safe, supported and comfortable to talk about feelings of stress, worry or upset. We do whatever we can to care for ourselves and do the best for one another.

People’s mental and physical health are equally understood and equally valued. In times of need, we find information that helps us explore what we might be feeling, give it a name and quickly get to the best care possible. We have control over the care we receive and are equal partners with health and care professionals. If we have a long term mental health disorder, we can access the healthy living services we want and our physical health doesn’t suffer as a result of mental ill health.

We have diverse and responsive mental health services but one shared, compassionate culture. Mental health services we access feel joined up and they all take a ‘Think Family’ approach that supports mental health and wellbeing within the context of family relationships. This helps tackle poor outcomes for families now and breaks the cycle of poor mental health for future generations.



5 Outcomes: starting with people

- 1 People of all ages and communities will be comfortable talking about their mental health and wellbeing
- 2 People will be part of mentally healthy, safe and supportive families, workplaces and communities
- 3 People’s quality of life will be improved by timely access to appropriate mental health information, support and services
- 4 People will be actively involved in their mental health and their care
- 5 People with long-term mental health conditions will live longer and lead fulfilling, healthy lives

What needs to improve?



Service reviews, need assessments and public engagement projects carried out in Leeds in recent years show that, despite excellent work in the city, improvements need to be made in three big areas: mental health inequalities, children and young people's mental health, and in how mental health services are delivered.

These three passions provide the city with a clear framework for driving forward positive change over the coming years.



3 Passions: areas for improvement

1. Reduce mental health inequalities
2. Improve children and young people's mental health
3. Improve flexibility, integration and compassionate response of services

Developing priority actions

There are already established programmes of work that fall under each passion: these will not stop as Leeds continues to strive for better mental health for everyone. However, to bring about lasting change, partners in Leeds need to focus attention on the areas that will have the greatest impact.

Service users, carers, families, communities, clinicians and commissioners have been asked what these areas should be. This feedback has been combined with existing knowledge about the city to develop eight priorities which address a problem, reduce an enduring and unacceptable inequality, or meet a current unmet need.



Reduce mental health inequalities

There are clear mental health inequalities in Leeds, both in terms of who experiences the greatest risk of poor mental health and in terms of unequal access to treatment. These inequalities are complicated. However, through looking at data and through engagement with people in Leeds, three distinct priorities have emerged.

People living in poorer parts of Leeds are more than twice as likely to experience anxiety and depression but are least likely to complete treatment for these types of conditions. Rates of both suicide and self-harm admission (being cared for in hospital) are also higher in poorer areas of the city. Whilst they affect people of all ages and all genders, highest rates of suicide are found in middle aged men, and girls and young women have the highest rates of being admitted into hospital because of self-harm.

Secondly, Black, Asian and minority ethnic communities (BAME) in Leeds report that discrimination increases people's risk of poor mental health, but that mental health services do not always meet the needs of BAME groups. This complex inequality can be seen to culminate in the fact that people from BAME communities in the city are more likely than White people to be admitted in to a mental health setting in crisis,

Finally, employment is a protective factor for good mental health but people with ongoing mental health problems often struggle to find and then maintain work that supports their wellbeing. This then puts people at risk of financial problems, perhaps worsening their mental health further. In particular, women and carers in Leeds report that having stable employment and a supportive employer is vital to their mental wellbeing.

Alongside these priorities there is work to be done on improving access to information. People in Leeds report that despite significant work it remains difficult to find information about how to access mental health support, and the mental health system is still difficult to navigate.



Improve children and young people's mental health

The Leeds Future in Mind strategy and action plan co-ordinates work to promote emotional wellbeing, and to prevent and treat mental health problems in children and young people.

This all-age strategy provides opportunities to further the aims of Future in Mind.

People working with children in Leeds report that 'Think Family' does not always translate into 'Work Family' and that adult and children's services could be better integrated.

Supporting the mental health of parents and carers and taking a 'whole family' approach to mental health, is seen by practitioners as a vital area to focus on. This is because infants and children who do not receive consistent emotional help with managing their feelings are more likely to struggle in later life. Those that experience neglect or abuse (often called adverse childhood experiences) are significantly more at risk of mental health problems. Because of a combination of factors - including early life experiences that are often traumatic - children who grow up in care need additional support.

For those young people needing ongoing mental health treatment, practitioners continue to find that the transition between children and young people's mental health services and adult mental health services remains a significant challenge.

Young people in the city who took part in engagement on this strategy also report that mental health support across Leeds schools is not consistent.





Improve flexibility, integration and compassionate response of services

When people seek help for a mental health problem, they want to access support quickly – not be kept on a waiting list. There are current issues with waiting times and availability of some services. People report that they feel ‘bounced around’, unable to find the service that meets their need. Major pressures in the system include long waiting lists for IAPT (Improving Access to Psychological Therapies), and a lack of appropriate housing and supported living services. This latter issue has a ‘knock on’ effect in that it prevents people being discharged from mental health wards, which means new people being admitted may need to be treated in settings outside Leeds. These ‘delayed transfers of care’ and ‘out of area placements’ often affect people with the most serious and enduring mental health problems.

A recent survey by Healthwatch Leeds highlights the need for better mental health crisis services.

The key message from this report is:

In the first instance, people need better and earlier support to help avert the crisis.

However, when people are experiencing a mental health crisis they need a kind and compassionate response.

Experiencing trauma, including sexual, emotional and physical abuse, increases the risk of mental health problems – from anxiety to psychosis. As part of a programme of work in the city addressing ‘trauma-informed’ practice, people have told services and commissioners that they want to be asked about what has happened to them and they want to be supported to access compassionate help that meets their needs.



Specific feedback about services, collected as part of developing the strategy, includes:

- Mental health services need to be able to meet the needs of everyone, whilst providing responsive, personalised care to whoever ‘walks through the door’.
- ‘Marginalised groups’ such as street sex workers, Gypsy and Traveller communities and asylum seekers, continue to experience significant barriers to accessing mental health treatment.
- Older people are at risk of not having their mental ill health recognised or supported by mental health services. In Leeds, older people do not access Improving Access to Psychological Therapies services to the same level as working age adults and their mental health is often overshadowed by physical ill health.
- People who have physical disabilities, are deaf and/or have a long-term condition are at an increased risk of poor mental health but report experiencing barriers in accessing mental health treatment. Conversely, people with Serious Mental Illnesses experience significant challenges in achieving good physical health.
- People who have mental health problems alongside other conditions like Learning Disabilities, Autism or Attention Deficit Hyperactivity Disorder have particular needs. Practitioners report that these groups need accessible information about mental health services and improved transition support.
- Finally, those people who have criminal justice involvement and mental health problems are a particularly disadvantaged group.



8 Priorities: focusing our attention

1. Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm.
2. Reduce over-representation of people from Black, Asian and minority ethnic communities admitted in crisis.
3. Ensure education, training and employment is more accessible to people with mental health problems.
4. Improve transition support and develop new mental health services for 14-25 year olds.
5. Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health. This includes an understanding of how to respond to adverse childhood experiences and embedding a ‘Think Family’ approach in all service models.
6. Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response.
7. Ensure older people are able to access information, support and appropriate treatment that meets their needs.
8. Improve the physical health of people with serious mental illness.



The Impact of COVID-19 on Mental Health

During the pandemic there have been countless examples of communities supporting each other and stories of individual resilience. However, we know that for some people, the effects of COVID-19 (both the virus itself and the impact of multiple lockdowns) have been significant – and mental health inequalities have widened.

National mental health forecasting tools suggest that there will be an increase in common mental health disorders (anxiety and depression) of around 15-20% and that the impact will be felt over the next three to five years. This will be complicated by grief and trauma associated with the impact of the virus and the restrictions placed around social and emotional events such as bereavement. Locally, we can see that the number of people seeking help via IAPT services is now 20% higher than it was before the pandemic, and antidepressant prescribing has increased. This will reflect only part of the city's mental health need.

Groups particularly affected are those who were already at risk of poor mental health, people who were bereaved during lockdowns, young people, health and social care staff, and people admitted to intensive care with COVID-19. However, we have all lived through an unprecedented time of anxiety and uncertainty, and to varying degrees the pandemic has affected us all psychologically, one way or another.

Our usual places of support – such as community groups and places of worship – have also been closed or disrupted during the pandemic. Disagreements over vaccines, approaches to lockdown legislation and mask-wearing have also created tension within friendships, families, and communities.

The COVID-19 pandemic has also had a major impact on our children and young people, with children's mental health worsening during the pandemic as risk factors intensified and children and young people were not able to get usual levels of social support. In 2021 1 in 6 children and young people had a probable mental disorder, up from 1 in 10 in 2017. Referrals to child mental health services are now at record highs.

Feedback from Third Sector partners and communities is that

the impact of COVID and the cost of living crisis is significantly affecting people living in Leeds.

Within the city, we are committed to supporting people's mental health as we move forward. It will be important to do this in a way that counters some of the wider impact of the pandemic and rebuilds the ways in which we connect with each other. Our COVID mental health recovery work is delivered through Workstream 1 of the strategy, but has an impact across all priorities and across the city.

Covid mental health recovery could "seek to provide long-term, reliable support; instead of isolation and disempowerment, it will seek to bring people together, rebuilding relationships, and giving all members of the community a voice in planning for recovery; and, where there has been loss, it will support people to grieve and come to terms with a changed future." (Centre for Mental Health, 2021).

As we expect mental health needs to increase – made worse by the cost-of-living crisis – we will need to build on the strong partnerships that have supported us during the pandemic. Working across sectors innovatively and being bold in our ambition to promote good mental health and prevent mental ill health will be vital. This includes action on the factors that we know affect mental illness, such as poverty, and providing support for individuals and communities to do what they can to support their own mental health and wellbeing and that of the people around them.

What people in Leeds told us about their pandemic experience

"I felt very lonely. I missed my social life and family."

"I coped with depression and financial challenges, and have recently started taking medication."

"Lockdown was a boring and lonely experience – I felt very fearful."

"I've suffered with my mental health in the last 18 months but I wasn't sure where to go. I've gained weight from eating comfort food."

"It's been horrible. I missed face-to-face contact, I felt helpless and worthless."

"The last 18 months have been both positive and difficult for me as I was pregnant through the first lockdown. However, once my son was born it was nice to have the time alone with my new baby and my partner to bond and spend more time together."

"I was scared to go out during lockdown and scared for my children."

"I got to know a lot of my neighbours because everyone went out of their way to help during lockdown."

"I've fared really well in the last 18 months thanks to my really supportive family."



*Data from Big Leeds Chat, events conducted throughout October 2021 in a number of locations across Leeds.

Workstreams, Governance and Success Indicators

The Leeds Mental Health Strategy signals that all organisations and sectors have a key role to play in achieving its vision. The five broad outcomes and three passions have resonance within mental health services and outside of them; structuring and influencing how we develop governance structures, services and broader actions that influence the wider determinants of mental health.

Within this, the eight priorities are the areas that stakeholders agreed needed a particular focus, to drive change further and faster. The priorities are led by senior responsible officers and implementation leads from across the Third Sector, NHS and Local Authority. They have identified several success indicators that will help track progress.

As a result of the changing context of the strategy, three additional workstreams have been added since 2020. They have important connections to all eight priorities as well as being vital ways in which we will achieve the five outcomes and three passions.



Workstream 1

Focuses on mental health recovery, co-ordinating action to monitor and address estimated increased mental health need as a result of COVID-19. The work is developing approaches and actions that recognise the impact on everyone - sometimes called 'collective trauma' - along with the needs and experiences of specific groups of people.

Workstream 2

The Community Mental Health Transformation Programme seeks to create a radical new model of joined-up primary and community mental health services that respond to local people's needs. It will remove barriers to access, so that people can access care, treatment and support as early as possible, and live as well as possible in their communities.

Workstream 3

Focuses on Crisis Services Redesign, seeking to transform the way crisis services in Leeds work so that people experiencing a mental health crisis have access to timely, compassionate and equitable services.



The success indicators included in the Delivery Plan will enable the Leeds Mental Health Partnership Board to monitor progress towards achieving the strategy's vision.

The indicators are a deliberate mix of how people feel (about living in Leeds and their experience of mental health support and treatment), service data (numbers of people accessing the right support for them) and broader population measures (such as rates of suicide and self-harm).

Appendices:

1. Key principles of mental health service delivery in Leeds

Service User Involvement

During the last three years, mental health services (both adults' and children's) have developed a series of statements that set out what's important to them when they access mental health support.

These principles are now embedded in service specifications and in practice across the city.



Adult Mental Health: 'I Statements'

- I am more than a mental health diagnosis. Treat me like an individual human being.
- I may rely on family and friends to stay well. Give them support, information and respect.
- I want to be heard and included, regardless of my identity. Offer me accessible and culturally competent support.
- I may be facing more than just a mental health challenge (e.g. substances including alcohol or a physical condition). Respond to these creatively and without judgement.
- I will know the name of the person responsible for my support. Show me that you are a human being too.
- I have a story to tell. Share information effectively, with my permission, so I don't have to repeat myself.

Children and Young People: 'We Statements'



- I may be facing more than just a mental health challenge (e.g. substances including alcohol or a physical condition). Respond to these creatively and without judgement.
- I will know the name of the person responsible for my support. Show me that you are a human being too.
- I have a story to tell. Share information effectively, with my permission, so I don't have to repeat myself
- Those of us who are most vulnerable and have the most complex needs should get extra help and support early enough to make a difference.
- We want to be able to get help quickly and easily when we ask for it, especially when we are in crisis.
- When we get older, if we need to move into adult support services, we want to feel supported and not abandoned.

Recovery Based Approaches

In Leeds, we believe that it is possible to recover from many mental health illnesses or problems and that people can go on to live enjoyable lives even after experiencing or whilst living with a serious mental illness. One example of putting recovery-based approaches and co-design principles into practice is Leeds Recovery College, hosted by Leeds and York Partnership Foundation Trust, the largest provider of mental health services in the city. The college provides training courses that focus on developing the knowledge and strength to overcome life's challenges and live mentally and physically well. People with lived experience of mental health challenges have helped to design and deliver these courses in partnership with health professionals, education providers and trainers.

2. Delivering activity across the mental health system

Mental health promotion: Increasing protective factors for good mental health across the whole of the Leeds population. These approaches target action on the factors that promote good mental health including supporting people into employment, education, and training, reducing stigma and supporting healthy relationships between children and their caregivers.

Mental illness prevention and suicide prevention: Reducing risk factors for mental ill health, particularly for groups most at risk of mental health problems. This means using evidence and what people tell us to think carefully about groups of people who may be more at risk of experiencing poor mental health and actively co-creating solutions with them that support their mental health.

Improving lives, supporting recovery and inclusion: Ensuring people receive the best possible mental health support and treatment. Providing compassionate mental health services and support that meets people's individual needs in both hospital and community-based settings.

This includes ensuring that services are culturally competent to meet the needs of people from Black and other minority ethnic backgrounds, recognising the impact of trauma and supporting people's physical health needs.



Appendices:

3. Previous Engagement sources

Existing Insight

- Leeds Mental Health Framework engagement
- I Statements (Adults)
- We Statements (Children and Young People)
- Future in Mind, 2016–2020
- Black, Asian and minority ethnic Children and Young People’s Health Needs assessment (in development)
- The Big Leeds Chat, 2018, 2019 and 2021
- Mental Health Crisis in Leeds – Healthwatch Leeds
- Mentally Healthy Leeds Engagement – Public Health
- Public Engagement for Leeds Mental Wellbeing Service
- The State of Men’s Health Report 2017
- The State of Women’s Health Report 2019
- Leeds in Mind, Mental Health Needs Assessment 2017 series including Adult/Perinatal and Children and Young People
- Roads, Bridges and Tunnels workshop findings
- Leeds LGBT mapping document

4. Citizen and stakeholder engagement for this strategy

Engagement on the Mental Health Strategy (Citizen and Stakeholder) was undertaken during Autumn 2019.

Citizen engagement involved delivering a brief presentation at various public meetings and events. Open discussions were then held which focussed on the proposed priorities and passions.

Engagement was also carried out with various third sector organisations, particularly targeting those who work with individuals and groups who have not previously been consulted in depth about mental health. These included: people who are socially isolated; young people and adults who have recently experienced crises; rough sleepers and people who are homeless; refugees and asylum seekers; prisoners and ex-prisoners.

Opposite is the engagement timetable. Feedback from these events informed the development of the strategy and delivery plan.

Event	Date
Social Care Community Forum for Race Equality	04/09/2019
Together We Can/ Leeds Involving People public meeting	17/09/2019
Scrutiny Board (Adults, Health & Active Lifestyles)	17/09/2019
Mental Health themed Clinical Senate Meeting	19/09/2019
Older People’s Focus Group	23/09/2019
Mental Health Social Work time out	25/09/2019
Forum Central & Young Lives Leeds members meeting	26/09/2019
GP Members meeting	02/10/2019
MH Strategy Engagement - South Leeds (Hamara)	04/10/2019
Long Term Conditions Board	07/10/2019
Clinical Commissioning Forum	16/10/2019
Arts & Health Network	18/10/2019
Health & Wellbeing Board	23/10/2019
Leeds Youth Council Focus Group	16/11/2019
Future in Minds network	10/09/2019
Future in Minds programme board	12/09/2019
Children’s Leadership Team (LCC) Board Meeting	26/09/2019
Leeds Mental Health Strategy Task and Finish Group	2019-2020
Big Leeds Chat	Oct 2021

Interfaces with other strategies

National

- NHS Long Term Plan 2019
- The Five Year Forward View for Mental Health
- General Practice Forward View 2016
- Prevention Concordat For Better Mental Health
- Mental Health Crisis Care Concordat
- Preventing Suicide in England
- Policing and Crime Act 2017
- Policing and Mental Health: Picking up the pieces
- Modernising the Mental Health Act
- Think Autism Strategy Governance Refresh

Local Strategy

- Leeds Health and Wellbeing plan
- Best Council Plan 2018/19-2020/21
- Child Friendly Leeds
- Better Lives Strategy
- Leeds Best Start Plan
- Children and YP Plan
- Leeds CCG Strategic Plan Association Wellbeing
- Suicide Prevention: The Leeds Approach
- Leeds Carers Strategy
- Housing Strategy 2016-2021
- Homelessness Strategy 2016-19 Explicit MH
- Leeds Adult Autism Strategy 2017-2022
- Leeds Drugs & Alcohol Strategy
- Being Me: Leeds Learning Disability Partnership Board Strategy Explicit MH



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