

# Sandwell Better Mental Health Strategy 2024 – 2029



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# Foreword

**“We are far more united and have far more in common than that which divides us.” - Jo Cox**

Mental health is vital to our overall health. It influences every aspect of our lives from individual wellbeing to the vibrancy of our diverse communities. The Better Mental Health Strategy is a call to action for creating opportunities so that everyone in Sandwell can “feel good and function well.”

We want more than just the absence of mental health problems. Positive wellbeing, as defined in our strategy, can happen when individuals can feel good, handle life’s stresses, work well and engage with their community. We aim to make this vision a reality for every resident of Sandwell.

This strategy has been written in collaboration with a range of groups including our residents, community groups and professionals. This approach ensures everyone in Sandwell gets the care, support and resources they need to live their life to its full potential.

Whilst it is important to provide timely, suitable, and high-quality care for those experiencing mental health problems, the main aim of our Better Mental Health Strategy is to improve the wellbeing of **everyone** in Sandwell and prevent mental health issues in the first place. To do this, it is important to address the wider determinants of health and improve the social inequalities experienced in our diverse communities to provide the best possible chances for **ALL** people to have good wellbeing.

By working together, we can build to improve mental health and wellbeing in Sandwell, developing a community that celebrates our differences and similarities, is successful, hopeful, and strong.

We thank everyone who helped create this strategy. Your insights and experiences have been invaluable in shaping our vision for a mentally healthier future for all in Sandwell.

Sincerely,

**Councillor Jackie Taylor**  
Cabinet Member for Adult Services, Health and Wellbeing





# Executive Summary

Anyone can have poor mental health and wellbeing, at any time in their lives. With recent challenges from the COVID-19 pandemic and the ongoing cost-of-living crisis, we know that local people in Sandwell are facing these challenges too. We, as a partnership of services and support systems across Sandwell are committed to enabling everyone to have the best mental health they can, at every stage of their life.

People in Sandwell have been shown to have high rates of common mental disorders such as depression and anxiety, as well as more serious mental illness such as psychosis. Absence of these conditions and good mental health is integral to overall health, which is vital to support our vision of a thriving Sandwell community.

However, for someone to have good 'wellbeing' means more than just the absence of mental health difficulties – we want all people in Sandwell to “feel good and function well.” This gives them the best opportunity to live their life to its full potential.

However good mental health and wellbeing is not just about the person alone – it is dependent on the conditions in which we are born, live, grow, work and age. These 'wider determinants of health' are greatly affected by the opportunities and assets we have in our local communities, and mental health problems disproportionately affect people who already face discrimination in these areas. By improving these wider determinants and social inequalities we can in turn make long-lasting changes to the chances of people can having good wellbeing and mental health. So, acting in these areas is a fundamental foundation for our strategy.

This strategy has been developed and consulted upon with our local service partners and people who live in our local communities. Whilst it is important to ensure those with mental health problems can access prompt, appropriate and high-quality care, the main focus of this strategy is on improving the population's wellbeing and the prevention of mental health issues in the first place.

Partnership working across all types of services and support systems in Sandwell is key to delivering this strategy and building upon what is already happening to improve the mental health and wellbeing of people in Sandwell.

The following diagram gives an overview of the themes we will work within to work towards Better Mental Health for All people in Sandwell:





We will:

- Improve the understanding of mental health and wellbeing
- Raise awareness of the support available
- Improve the physical health of people with severe and enduring mental ill health.

## Promoting Wellbeing

We will:

- Ensure mental health services and community-based solutions are able to support all of Sandwell's diverse communities
- Create clear pathways into and out of mental health services
- Support the wellbeing of workers who are improving the mental health and wellbeing of Sandwell.

## Supporting community-based solutions

# Working with partners

We will:

- Work with the voluntary and community sector to promote good wellbeing
- Work across all services and partners to ensure a person-centred approach to wellbeing

## Targeted Support

We will:

- Work with schools and children's services to improve the support for children's mental health
- Ensure the bereavement offer is suitable for all people in our community
- Collect information and data to better understand who needs our support
- Support the wellbeing of families and carers
- Reduce loneliness and social isolation.

# Glossary

Asset-based	Using existing individual or community strengths to build stronger communities
Bereavement	The experience of losing someone important to us
Child exploitation	When someone uses a child for financial gain, sex, labour or personal advantage
Common mental health disorders	A term used to refer to: <ul style="list-style-type: none"> <li>• generalised anxiety disorder</li> <li>• mild, moderate and severe depression</li> <li>• phobias</li> <li>• obsessive compulsive disorder</li> <li>• panic disorder</li> </ul>
Early intervention	Seeing warning signs of mental health problems and acting before it gets worse
Eating disorder	A medical diagnosis based on eating problems
Epidemiology	The study of the spread or pattern of sickness in a group of people
Governance	The process for overseeing the direction and outcomes of something like a strategy
Health and Wellbeing Board	A statutory forum where political, clinical, professional and community leaders from the care and health system come together to improve the health and wellbeing of their local population
Health inequalities	Unfair and avoidable differences in health across the population, and between different groups in society
Health needs assessment	A way of reviewing health problems in a population to find out gaps and where to focus resources to improve health
Improving Access to Psychological Therapies (IAPT)	Now known as NHS Talking Therapies
i-THRIVE	A national person-centred, and needs-led approach to delivering mental health services for children, young people, and families
LGBTQ+	The acronym for lesbian, gay, bi, trans, queer, questioning and ace.
Mental Health Act	A law that tells people with a mental health disorder what their rights are and how they can be treated
Mental health promotion	Activities to improve overall wellbeing delivered in the settings where people live, work, learn, and thrive
Mental health support team	Teams who work with schools and colleges to connect with the health service and deliver activities to improve the mental health of children and young people
Multi-agency	When services come together to coordinate the work they do

NHS Talking Therapies	Methods that health professionals use to improve anxiety and depression in adults
Parity of esteem	The need to value mental health equally to physical health
Person-centred care	A way of ensuring that people's preferences, needs and values guide decisions about their care
Population health	A subset of public health focused on improving the well-being and health outcomes of a specific group of people or community within the public at large.
Premature mortality	A term used to describe deaths before the age of 75. Some, but not all, of these deaths are preventable.
Prevalence	Number or percentage of people with a sickness or condition
Prevention	Ways of keeping people healthy and avoiding the risk of poor health, illness, injury, and early death.
Prevention Concordat for Better Mental Health	This aims to drive local and national action on preventing mental health problems and promoting good mental health
Quality and Outcomes Framework (QOF)	A way the NHS rewards GPs for delivering good practice
Sandwell Wellbeing Charter Mark	A school's commitment to improving the mental health and wellbeing of all people connected to the school
Sensitivity	The number or percentage of people with a disease who test positive on a medical or screening test.
Severe Mental Illness (SMI)	Mental health problems that are so bad that people struggle to do everyday life and work activities
Stakeholders	A person or group with an interest or concern in something
Strategy	A plan of action designed to achieve an overall aim
Strengths and Difficulties Questionnaire (SDQ)	A tool used to assess the mental health of 2-17 year olds
Suicide	The act or an instance of ending one's own life voluntarily and intentionally
Systemic discrimination	A process that happens when an organisation favours one group over others
Transition	The move from Child and Adolescent Mental Health Services to Adult Mental Health Services
Trauma-informed support	Using information about how trauma affects people to provide better support



# Background

Good mental health is integral to overall health, and to promoting wellbeing in individuals, families, and communities.

For someone to have good “wellbeing” means more than the absence of any mental health difficulties. This strategy wants people to “feel good and function well” [1]. A state of positive wellbeing is where “an individual realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community” [2]. This is what this strategy aims to make possible for all people who live in Sandwell.

Since the publication of the cross-government strategy No Health Without Mental Health in 2011 [2], there has been considerable progress in both national and local approaches to public mental health. The narrative has shifted away from a traditionally deficit-focused approach focusing solely on mental ill health, and towards a more social, asset-based model that recognises the importance of the social determinants of health and wellbeing – the conditions in which we are born, live, grow, work and age [3].

In 2019 the State of Sandwell report was produced by Changing Our Lives, working with the Mental Health Parliament, and overseen by the Health and Wellbeing Board. The report was developed through working with local residents of all ages and backgrounds, giving a voice to people to tell the stories of their experiences of mental health services in Sandwell and how they thought things could be made better. The report highlighted the need to work together to address the gap that still exists between physical and mental health, and the role of communities and wider public services in promoting wellbeing.

A strong message from people’s descriptions was that mental health is a ‘normal and part of our everyday life’ and that people with mental health problems can live well, participate in, and enjoy normal, everyday life. This strategy has been developed collaboratively with our partners and stakeholders, including community groups and people with lived experience, to take forward the recommendations of the State of Sandwell report.



Recent years have brought new challenges for physical and mental health, with the COVID-19 pandemic having a lasting impact on the way we work, interact within our communities, and engage with services as well as the effects of illness and bereavement. The ongoing cost of living crisis threatens to exacerbate these impacts and widen existing inequalities further.

While it is vital to ensure that anyone experiencing mental health problems can access timely, appropriate, and high-quality care, the main focus of this strategy will be on improving population wellbeing and the prevention of mental health issues. This includes reducing inequalities in the determinants of mental wellbeing and access to support, in addition to improving the general health and wellbeing of people with severe and enduring mental health problems.

Partnership working will be key to delivering this strategy and building on what is already being done to improve mental health and wellbeing in Sandwell, supporting the vision of a thriving, optimistic and resilient community.

## Special Thanks

Thank you to the Sandwell Mental Health Strategy group, Community Mental Health Partnership and to all organisations and local communities who supported the development and shaping of the Sandwell Better Mental Health Strategy.





# Our Vision and Strategy for Sandwell

Our vision is for **every resident of Sandwell to have the best mental health that they possibly can, at every stage of their life**. This will be achieved through the following strategic objectives, working collaboratively across the Council, NHS and partner organisations, including the voluntary & community sector:

- Supporting people to **feel good and function well across the life course**
- Recognising the **community assets that help promote resilience and wellbeing** in individuals, families, and communities
- Ensuring that people experiencing mental health problems receive the **right care at the right time in the right place**
- **Reducing inequalities in mental health and wellbeing** and access to care and support
- **Improving people's experiences** of mental health services and the care they receive
- Taking a **person-centred approach** to mental health promotion, mental illness prevention and recovery

This strategy will contribute to achieving the Sandwell 2030 vision of a thriving, optimistic, and resilient community. Mental Health is one of our priority areas for strategic development at the Sandwell Health and Wellbeing Board; our Health & Wellbeing Strategy vision is for Sandwell to be a place where everyone is supported to thrive, and to have the best physical and mental health that they can.

## Strategy Development

Findings from the State of Sandwell report were used to identify 9 priorities and principles for building on and improving current provision (page 7). These principles were the starting point for workshops with stakeholders to identify current good practice and areas for improvement.

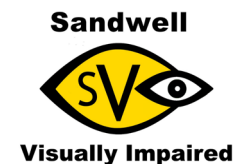
Feedback from the workshops was incorporated into a rapid needs assessment to understand the current context and impacts of COVID-19, and current issues, informing the recommendations.

These recommendations were then consulted on, which led to the final set of recommendations being developed (page 38) and informed the accompanying action plan. To ensure a wide reach we consulted across residents and professional organisations, with translations into a range of languages, included an accessible video to explain the consultation and grant funded community organisations to host focus groups. We would like to take this opportunity to thank our partners for supporting this key process in the strategy development.

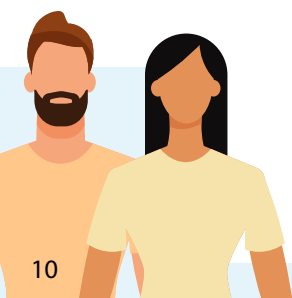




**Dearwood  
Community  
Hub**



**STEPPINGSTONES  
IN THE COMMUNITY**





# Strategy Priorities and Principles

## Mental Health is Everyone's Business

- Good mental health is everyone's right and a collective responsibility
- We will work together to reduce systemic inequalities in mental health and in the physical health of people with severe and enduring mental health problems
- Focus on prevention, early intervention and mental health promotion
- Commitment to mental health and wellbeing as being a strategic priority

## Think ALL Age

- Remove structural barriers to support because of a person's age
- Ensure children approaching adulthood are supported through those transitions, especially the most vulnerable and in our care
- Older people shall receive service appropriate to their needs and free from discrimination. More older people shall access talking therapies and be considered equal in the planning of services
- This strategy will link closely with the **SANDWELL DEMENTIA STRATEGY** and **CARERS STRATEGY**

### Available when you NEED it

Not all services will be open at all times, but when a person requires a response that cannot wait, we will ensure it is available 24/7

### Recovery

Everyone's needs will be considered based on what a meaningful recovery means to them and support will always look to help achieve this.

### Zero Suicide

The **SANDWELL SUICIDE PREVENTION STRATEGY** sets out the ambition that by 2030, no-one will die by suicide in Sandwell.







### Tackle the CAUSES of poor mental health

Commitment not only to help those struggling with a mental health problem, but support those individuals and services working to prevent difficulties through improving people's lives. Work with local system partners to address LONELINESS & ISOLATION

### Safe Places

We will create spaces where people can go to feel safe and get access to the range of support they may need to give them back control. We will work to tackle systemic discrimination in services, and access to services

### Expert Response

People needing help can expect that whoever they look to for support will be equipped to provide them with the best possible response. People in all sectors, including volunteers, will have access to high quality training and supervision to do their job to the best of their ability. Ensure the workforce is supported to maintain their own good mental health

### SANDWELL WILL BE A MENTAL HEALTH AWARE COMMUNITY

- Communities will be supported to access the means to look out for each other
- Increase Mental Health literacy through training opportunities for non-professionals (e.g. MH First Aid)
- Services will be developed in partnership with communities



# Governance

The Sandwell Better Mental Health Strategy and Action Plan have been developed by the multi-agency Sandwell Better Mental Health Partnership, informed by public consultation and engagement. Following publication of the Strategy, this group will become a Steering Group that will oversee delivery of the Action Plan and maintain a risk register.

The Steering Group will continue to report to Sandwell Health & Wellbeing Board. A Mental Health Stakeholder Forum will also be established to enable continued communication with partners and stakeholders, and ongoing review of the Strategy priorities.



# Strategic and Policy Drivers

**Care Act (2014)** sets out a statutory duty for Local Authorities to promote wellbeing, including mental and emotional wellbeing.

**NHS Long Term Plan** sets out an ambitious programme of transformation for mental health services and several strategic priorities, with a programme of funding to support their delivery. A **10-year plan for mental health** is being developed to complement and extend the work of the NHS Long Term Plan to better address how local services can work together, to prevent those at risk from falling into mental ill-health through earlier, targeted help.

**Five Year Forward View for Mental Health (2016)** emphasises the need for a shift towards prevention and better integration of care to improve outcomes and experiences for people with mental health problems and their carers; and reduce health inequalities.

**Prevention Concordat for Better Mental Health (2016)** advocates a prevention-focused approach to mental health improvement in populations through evidence-based planning and commissioning. It also acknowledges the active role played by people with lived experience of mental health problems.

**Suicide Prevention Strategy for England (2023)** sets out plans for reducing suicide rates and supporting people affected by suicide.

Sandwell Council is a key strategic partner for both the Black Country Integrated Care System (ICS) and the West Midlands Combined Authority. The establishment of the ICS, known locally as Healthier Futures, ensures that health services and their commissioning are now aligned across the Black Country. This includes mental health services provided by Black Country Healthcare NHS Foundation Trust. The Sandwell Better Mental Health Strategy will ensure that Sandwell retains a stake in the delivery of these priorities by holding commissioners and providers to account and linking large strategic programmes to local corporate plans (Sandwell 2030). Good mental health as an outcome is key to the delivery of an effective suicide prevention plan, better parity of esteem for people of all ages, reasonably adjusted services for people with autism, workforce wellbeing and support for carers.





### **Sandwell Health and Wellbeing Board**

<https://www.healthysandwell.co.uk/health-and-wellbeing-board/>  
The Sandwell Health & Wellbeing Board is a committee made up of councillors, local GPs, council officers and members from the faith and voluntary community sector. We want everyone in Sandwell to have an equal opportunity to live a healthy, happy and fulfilling life by making sure that the services we provide or arrange help improve the lives of all our citizens.

We do this by working with local people to:

- Agree on what is most important
- Plan out what we need to do to make the biggest impact
- Be clear about how this will happen, who will do it and when
- Set measurable aims and objectives, so we can report on the progress made.

## **Healthier Futures**

### **Black Country Integrated Care System**

#### **The Black Country Integrated Care Partnership (ICP)**

<https://blackcountryics.org.uk/about-us/integrated-care-partnership-icp>  
The Black Country ICP is a committee jointly formed between the NHS Integrated Care Board and the four councils in the Black Country who have been meeting regularly and have brought together a broad alliance of partners concerned with improving the care, health, and wellbeing of the population.

The ICP has produced an Integrated Care Strategy outlining how to meet the health and wellbeing needs of the population in the Black Country.

The strategy aims include:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

### **LOCAL BOARDS & PARTNERSHIPS**



## **Black Country Healthcare**

### **NHS Foundation Trust**

#### **Community Mental Health Transformation**

<https://www.blackcountryhealthcare.nhs.uk/about-us/community-mental-health-transformation>

Mental Health services that are available in the community to support people with severe mental illness are improving.

We are developing a new way of working and modernising community mental health services for adults and older adults, taking into account the particular needs of our four places (Dudley, Sandwell, Walsall and Wolverhampton).

Would you like to share your experience and ideas to help transform community mental health services in the Black Country?

We want service users, patients, carers, staff, partners and the community to help us make positive change. Get in touch to learn more:

Email: [bchft.mhtransformation@nhs.net](mailto:bchft.mhtransformation@nhs.net)

Regional and local committees and partnerships aimed at improving population health in a variety of areas, including mental health



## **Healthier Futures**

### **Black Country Integrated Care System**

#### **Sandwell Place Partnership**

<https://blackcountryics.org.uk/about-us/our-places/sandwell>  
Sandwell Health and Care Partnership is a partnership of health, social care, voluntary and community organisations who are working together to improve people's life chances and health outcomes.

They aim to work more closely together to support communities in Sandwell and reduce the widening gaps in health inequalities by focusing not just health, but the wider determinants such as employment, education, lifestyle, mental health, housing and the local environment.



# Local and National Context

## Epidemiology of mental health problems

The most recent data for the Sandwell area is compared to the West Midlands and the England average are outlined in table 1. In Sandwell, the estimated prevalence of common mental health disorders among individuals of all ages was higher compared to both the West Midlands region and the overall average for England. Similarly, Sandwell had a slightly higher rate of newly diagnosed depression compared to the West Midlands region and the overall average for England during the period of 2022/23. However, when considering the overall prevalence of depression, Sandwell had a lower rate compared to the regional and national averages.

The prevalence of mental health conditions across all ages, as measured by the Quality and Outcomes Framework (QOF), was relatively consistent in Sandwell compared to the West Midlands and England as a whole.

Overall, Sandwell experiences a higher estimated prevalence of common mental health disorders, higher rates of newly diagnosed depression, and a higher utilisation of inpatient mental health facilities compared to the West Midlands region and England as a whole. However, it's important to note that mental health prevalence and service utilisation can be influenced by various factors, including demographics, socio-economic conditions, and healthcare.



**Table 1. Summary Sandwell Mental health compared to England average**

	Period	Sandwell	West Midlands	England
Estimated prevalence of common mental health disorder in 16 -64 years old	2017	21.5%	17.7%	16.9%
Estimated prevalence of common mental health disorders in aged 65 and over	2017	13.4%	10.7%	10.2%
QOF incidence of depression (new diagnosis) (aged 18+)	2022/23	1.6%	1.5%	1.4%
QOF prevalence of depression (aged18+)	2022/23	12.9%	14%	13.2%
QOF Prevalence of mental health condition (all ages)	2022/23	1.02%	0.97%	1.00%
Inpatient Stays in secondary mental health facilities (Per 100,000)	2019/20	302	229	241

**Source: OHID Fingertips [4]**

Data has also been collected from the local NHS providers, some of which is outlined in table 2. The data reveals some key insights into mental health in Sandwell and surrounding areas compared to England. Sandwell was reported to have slightly lower prevalence of long-term mental health problems in a GP survey, however, also has lower rates of early follow-up for patients with newly diagnosed depression. There were found to be higher rates of psychosis and mental health admissions in Sandwell and the Black Country, along with a higher proportion of people subject to the Mental Health Act. Patient satisfaction with GP-led mental health care in Sandwell was lower compared to the region and national averages, and in fact was the lowest in all of England.

**Table 2. Summary of local NHS data compared to England average**

	Period	Sandwell*	West Midlands**	England
Long term mental health problems (GP patient survey)	2018/19	8.9%		9.9%
Newly diagnosed patients with depression who received a re-view within 10-56 days after diagnosis (proportion of patients)	2022/23	46.8%		65.9%
Completion of IAPT treatment per 100,000 population (aged 18-64)	2019/20 Q2	413		356
Completion of IAPT treatment per 100,000 population (aged 65+)	2019/20 Q2	99		104
New cases of psychosis (estimated incidence per 100,000 aged 16-64)	2011	34.9	29.7	25.8
% of patients who feel they have had a positive experience by their GP practice looking after their mental health	2022	54.6% Lowest in England	62.3%	72.4%
Mental health admissions to hospital (per 100,000 of population)	2019/20 Q2	340.7	255.0	276.7
People subject to the mental health act (per 100,000 of population)	2019/20 Q2	67.9	41.2	45.6
Proportion of persons in contact with mental health services detained under Mental health act	2019/20 Q2	9%	0.86%	1.04%

**\*Refers to NHS Sandwell and West Birmingham CCG**

**\*\*Refers to NHS Black Country ICB where Data is available**



## Suicide

Sandwell's average suicide rate has fluctuated for the past 20 years rather than demonstrating any clear upwards or downwards trend. For the most contemporary reporting period 2020-22, the average rate of suicide (persons per 100,000) in Sandwell was 10.9 per 100,000. This is slightly higher than both the regional West Midlands average (10.7) and the national England average (10.4) [5]. The average rate of suicide is much higher in males as described in table 4 [6]. The majority age range of individuals who end their life by suicide is between 35 and 64 years old [7].

**Table 3. Suicide rate per 100,000 of population over the last 10 years, comparing Sandwell, West Midlands, and the rest of England**

Period	Sandwell*	West Midlands	England
2013-15	10.2	10.3	10.1
2014-16	10.8	10.0	9.9
2015-17	10.4	9.5	9.6
2016-18	10.6	9.7	9.6
2017-19	10.8	10.2	10.1
2018-20	11.8	10.5	10.4
2019-21	11.2	10.7	10.4
2020-22	10.9	10.7	10.3

**Source: OHID Fingertips**

**Table 4. Rate of suicide per 100,000 of population, comparison of rates of males and females who end their life by suicide**

Indicator	Period	Black Country*	England
Suicide rate (Persons, 10+ years)	2020-22	10.3	10.3
Suicide rate (Male, 10+ years)	2020-22	15.8	15.8
Suicide rate (Female, 10+ years)	2020-22	5.2	5.2

**\*Refers to NHS Black Country and West Birmingham CCG**

**Source: OHID Fingertips**

## Children and Young People Epidemiology

A needs assessment was carried out in 2022 to investigate anecdotal reports from schools and CAMHS (Child and Adolescent Mental Health Services) of unprecedented numbers of children needing support, and significant increases in safeguarding referrals and support requests. There were also reports of higher than usual numbers of children self-harming presenting to A&E.

### Diagnosable mental health conditions

NHS England have been monitoring the Mental Health of Children and Young People in a multi-cycle study using questionnaires covering a wide range of topics relating to mental health [8]. Assessed against completion of the Strengths and Difficulties Questionnaire (SDQ), the rates of probable diagnosable mental health conditions in young people in England have increased each cycle since 2017. The results from the NHS England survey have been used alongside relevant census data to produce projected numbers of young people with mental health conditions in the Sandwell Area, shown in Table 5.

**Table 5: Projected numbers of children with probable diagnosable mental health conditions in Sandwell**

	7 to 16-year olds				17 to 19-year olds			
	2017	2020	2021	2022	2017	2020	2021	2022
Proportion of individuals (%) (NHS Survey)	12.1	16.7	17.8	18.0	10.1	17.7	17.4	25.7
Sandwell population (From Census data)	43259	46478	46478*	46478*	11383	11449	11449*	11449*
Total projected individuals in Sandwell	5247	7740	8291	8366	1152	2031	1987	2942

*\*No census data available after 2020, so population for 2020 was used in place of 2021 and 2022*

### Reported decline in mental health

In the second wave of the Mental Health of Children and Young People survey (2021), they found that 39.2% of 6 to 16-year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 to 23-year olds, 52.5% experienced deterioration, and 15.2% experienced improvement (Table 6). Again, the results from the NHS England survey have been used alongside relevant census data to produce projected numbers of young people with deterioration in mental health.



**Table 6: Projected numbers of children experiencing deterioration in mental health in Sandwell**

Age Group	Proportion experiencing deterioration in 2020 (%)	Sandwell 2020 population	Estimated No. experiencing deterioration in Sandwell
6-16yrs	39.2	51,226	20,081
17-19yrs	52.5	11,449	6,011
Total		62,675	26,091

### Possible eating problems

The proportion of children and young people who were screened as more likely to have problems with eating has increased since 2017; from 6.7% to 12.9% in 11 to 16-year olds, and from 44.6% to 60.3% in 17 to 19-year olds. Results are shown in table 7. It is important to mention that screened positive does not indicate that these individuals have an eating disorder, and a study into the sensitivity of this tool found that the prevalence of eating disorders did rise in the timeframe examined, particularly among young men, however the overall prevalence of eating disorders remains low, at 1% in 17-19 year olds, and 0.6% in 11-16 year olds (Compared to 0.8% and 0.6% in 2017 for each group respectively.) [9]

**Table 7: Projected numbers of children at risk of problem eating in Sandwell**

	11 to 16-year olds			17 to 19-year olds		
	2017	2021	2022	2017	2021	2022
Screened positive (%)	12.1	17.8	18.0	10.1	17.4	25.7
Population (From Census data)	24561	26953*	26953*	11383	11449*	11449*
Projected number in Sandwell	1647	3497	3464	5076	6660	6900

***\*No census data available after 2020, so population for 2020 was used in place of 2021 and 2022***





## Provision of Mental Health support

When comparing schools with the highest proportion of students receiving Free School Meals as an indicator of deprivation against schools that have a Well-being Charter Mark curriculum and Mental Health Support Teams (MHSTs), there is no apparent correlation between the amount of provision of mental health support and factors such as deprivation, number of children, non-English as a first language, or geographical ward.

In February 2022, there were 331 children referred to CAHMS and 3165 children were referred in the preceding 11 months. The top 5 reason being Anxiety, Neurodevelopmental Conditions excluding Autism, Awaiting Triage, Conduct Disorders, and Self-harm Behaviours. The highest rates of referrals can be found in the 12-16 years age group, and the highest number of crisis occur in ages 13-17 years. The main referrers are Primary Care and Local Authority (other) services showing the need to ensure that we broaden the ability for other services to refer for support when needed. In addition, we need to make sure that services are well advertised, and GPs are aware of the support that is available to patients before children reach crisis levels.

The main areas where Sandwell have red indicators for outcomes is secondary aged children who need mental health support. Regarding self-harm and mental health of looked after children, indicators are amber or green.

Schools state they have an array of sessions which they provide internally to support children. It is unknown whether sessions/support are comparable or achieve what they set out to do. Schools have openly shared that they do not always have capacity or resources to provide enough support to meet the needs that arise.

## SHAPE survey findings

The Shape survey has been conducted annually since 2014 to give a voice to children and young people concerning their health, wellbeing, and safety concerns. In the 2022 survey, a number of themes emerged concerning mental health and general wellbeing [10].

An increase in stress due to coronavirus and remote learning was a key theme, as young people felt that there are gaps in their knowledge, and this is increasing stress. Some felt that they have become “lazier” due to remote learning and this has impacted their education now they are back in school. There were also concerns raised by some students that since the pandemic they have felt isolated and have had an increase in social anxiety.



Students were also asked what they were most happy with and least happy with. What secondary students were most happy with was consistent with 2020, being home, family, and hobbies, however, what they were least happy about, has changed with this year including their confidence, appearance, caring for the environment and how to communicate with people, compared to 2020 where they were least happy with their community, other relationships and local area. Primary school aged children answered similarly; however, they were least happy with their schoolwork.

A large proportion of primary school children (75%) felt happy with their life now. This is a significant increase from 2020, where 40.2% felt happy, the low number mostly due to the pandemic.

When questioned on support for mental health, more can be done in schools to increase accessibility to support and advice. 57% of secondary students did not know if their school had a mental health ambassador or champion. 51% also said that they would not go to a peer or other young person with their mental health problems, citing trust as a main contributor to why not; they fear their peers may tell others or teachers who they don't trust. Respondents also expressed that young people feel it's their personal business and like to deal with it themselves.


Students were asked what would improve their mental health, and some of the most popular answers are shown in table 8.

**Table 8: Top 5 responses to "What would improve your mental health and wellbeing"**

Rank	Primary aged students (Year 5/6)	Secondary aged students (Year 7-13)
1	Having someone to talk to when you have a problem	More support to plan for my future
2	Making my move to secondary school easier	Extra support during exam season
3	Being able to voice your views and opinions freely	More places where I can hang out with my friends
4	Family support for families who have issues with money	Having someone to talk to (e.g. mentor)
5	Tackling bullying issues	Being able to voice your views and opinions freely

**Source: SHAPE Survey 2022**





Finally, bullying was an issue addressed in the Shape survey. Being bullied was ranked as the third most common concern among respondents and has been a recurring theme throughout most Shape surveys to date. The increased usage of social media during the pandemic increased cyberbullying incidents with young people. Research conducted in the UK by Ditch the Label has shown a 25% increase in bullying year-on-year. Locally, the SHAPE survey found that 18.4% of primary age children and 25.8% of secondary age children who responded to the survey had been bullied in the last four weeks. Regarding the responses concerning schools' handling of bullying, 69.1% of primary school children expressed their confidence in their school's approach to addressing bullying. However, among secondary school students, this confidence dropped to 53.6%. Worryingly, more than a quarter of secondary school pupils felt their school did not deal with bullying very well or not at all.

Several students disclosed their reluctance to confide in anyone about their experiences of bullying, citing a lack of trust. Furthermore, when probed about their emotional responses to bullying, poignant comments such as "Feel like killing myself," "Devastating heartbroken," and "It's very sad" were shared, highlighting the effect that bullying can have on these young people's lives.

### **Mental Health inequalities**

Poor mental health is both a cause and consequence of poor health in general across the life course, with most first presentations of mental health problems occurring in childhood or early adolescence [11]. People with severe mental illness (SMI) die 10-20 years earlier on average compared with the general population and two thirds of these deaths are from preventable physical illnesses, including cancer and heart disease [12]. Sandwell residents with severe mental illnesses are more likely to suffer from premature mortality from any cause than the rest of the West Midlands, and the England average, as well as every cause separately (table 9).

The determinants of physical and mental health problems often overlap; mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination [3]. Poor mental health also has a detrimental effect on health behaviours; for example, 26.3% of adults with a long-term mental health condition in England are current smokers compared with 13.0% of the general population. In Sandwell these figures are 28.8% and 18.1% respectively. This further re-iterates the need to address population health and inequalities to improve outcomes in mental health [4].



**Table 9: Premature mortality in individuals with severe mental illness in Sandwell compared to regional and England averages**

	Period	Sandwell	West Midlands	England
Premature mortality in adults with Severe mental illness (SMI) (per 100,000 population)	2020-22	144.5	116.7	111.2
Premature mortality in adults with SMI due to cancer (per 100,000 population)	2020-22	24.8	21.1	20.2
Premature mortality in adults with SMI due to cardiovascular disease (per 100,000 population)	2020-22	26.9	20.4	19.9
Premature mortality in adults with SMI due to liver disease (per 100,000 population)	2020-22	11.9	9.3	8.7
Premature mortality in adults with SMI due to respiratory disease (per 100,000 population)	2020-22	15.8	10.8	10.6

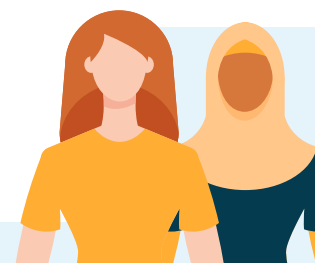
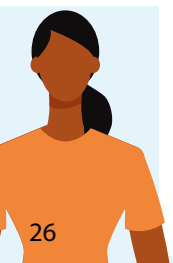
**Source: OHID Fingertips [4].**





People from different ethnic communities are significantly more likely to suffer poorer mental health outcomes. 21% of Black or Black British people will experience a common mental health problem in any given week, compared with 17% of White British people [13]. In the year to March 2022, black people were almost 5 times as likely as white people to be detained under the Mental Health Act – 342 detentions for every 100,000 people, compared with 72 for every 100,000 people [14]. Furthermore, during the COVID pandemic, the mental health of individuals from ethnic minority communities was found to deteriorate significantly more than British White individuals [15]. There are several reasons that are thought to cause the poorer mental health outcomes in these communities, such as facing more barriers to accessing treatment and poorer experiences of services. In some communities there also exists a stigma around mental health issues, which could lead individuals to feel they cannot access services. Furthermore, people from ethnic minority groups are more likely to be living in poverty than white people, and people living in poverty are more likely to develop and experience mental health issues [16].

People who identify as LGBTQ+ are 2-3 times more likely to experience mental health problems than heterosexual individuals [17]. Over half of people who identify as LGBTQ+ experienced depression in a 1-year period prior to a survey conducted by Stonewall. Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people, including 20 per cent of trans people, have witnessed these remarks. People who identify as Transgender experience further increases in mental health issues, with twelve per cent of trans people making an attempt to take their own life in the year prior to the survey, compared to two per cent of LGB people who aren't trans. [18] In Sandwell, a report was undertaken in 2022, "LGBTQ+ Health Needs", which found that 29 per cent of respondents described being mistreated by healthcare staff regarding their LGBTQ+ identity. This was more prevalent in young people, with 50 per cent describing being unjustly treated. Furthermore, 80% of LGBT people across Sandwell had rated their GP as poor.





### COVID-19 and mental health

The global pandemic has resulted in social isolation, feelings of chronic threat, economic uncertainty, and disruption of daily routines - all of which are likely to exacerbate existing psychological difficulties. More than half of adults and one third of young people say their mental health has worsened since the start of the first lockdown in March 2020 [19]. Some groups, namely low-income and minority ethnic populations have been disproportionately hit by the pandemic - widening existing inequalities [20]. In the West Midlands, 47% of individuals reported feeling high anxiety levels in 2020 compared to 21.9% in 2019. Individuals reporting "Often lonely" has increased from 4.9% to 6.5% (2019 to 2020) and is generally higher for younger people [21].

As mentioned earlier, the COVID-19 pandemic has caused stress and deterioration in the mental health of children and young people as well. Increase in stress due to coronavirus and remote learning was a key theme in the SHAPE Survey, as young people felt that there are gaps in their knowledge, and this is increasing stress. Some felt that they have become "lazier" due to remote learning, and this has impacted their education now they are back in school. There were also concerns raised by some students that since the pandemic they have felt isolated and have had an increase in social anxiety [10]. In a wider national survey completed by youngminds.org.uk, 67% of respondents believed that the pandemic will have a long-term negative effect on their mental health [22].

### Loneliness and social isolation

Loneliness and social isolation can have a significant impact on someone's life, including increasing the risk of early mortality, increasing the risk of poor mental health and depression, and can increase stress and blood pressure [23]. Mental health conditions and loneliness often coexist and can cause a cycle where loneliness worsens mental health conditions, which in turn makes someone more likely to be lonely [24]. This has been compounded by the effect of the pandemic, with social isolation, social anxiety and loneliness raising since the lockdowns.

In May 2022 the Council commissioned a market research agency to conduct a resident's survey to inform strategy and service management. One of the key findings included was that three in five (31%) Sandwell residents say they have experienced loneliness at least 'on occasion', with 6% saying they experience it 'often' or 'always'. 11% say they have some social contact with people, but not enough, and a further 6% have little social contact and feel socially isolated.

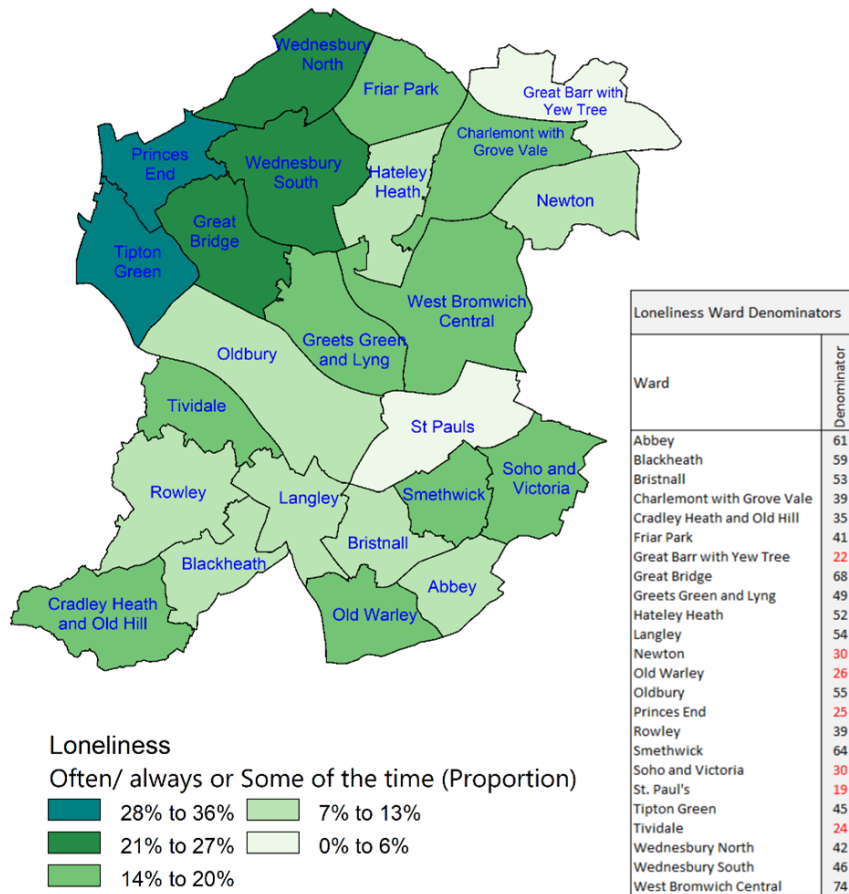


# Resident and Wellbeing Survey: August 2022

## Loneliness by Ward

Question: How often do you feel lonely or isolated?

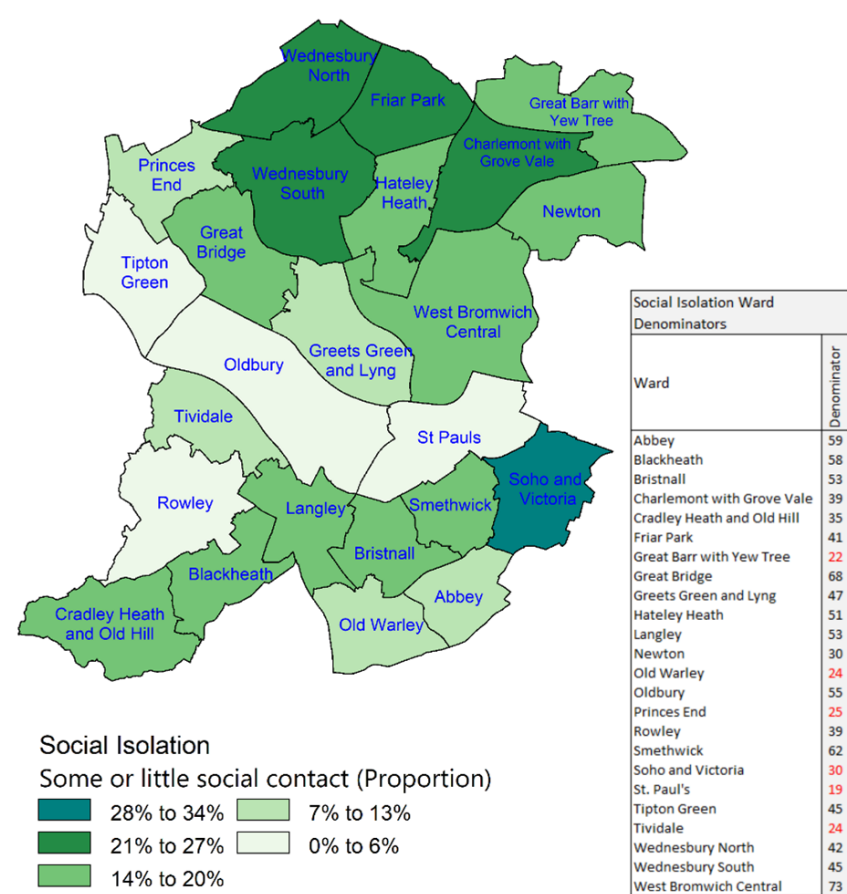
Proportion of Residents with Response: Often/ always or Some of the time



## Social Isolation by Ward

Question: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

Proportion of Residents with Response: Some or Little Social Contact





## Stakeholder workshops to inform initial recommendations

The following themes were identified through content analysis of a series of workshops held, throughout April and May 2022, with representatives from a range of partner organisations, including Education, Adult Social Care, NHS, CAMHS and the voluntary & community sector. These included targeted sessions with Sandwell Carer's Service and the Sandwell African Caribbean Mental Health Foundation, which were attended by people with lived experience of mental health problems and their carers.

### 1. Issues affecting young people

*Difficulty accessing support* - Issues with accessing CAMHS were raised as a problem due to limited capacity to meet demand, and diagnostic thresholds presenting a barrier to support. It was also felt that there was a lack of counselling support options for children and young people experiencing mental health problems, and a need for more support for parents and carers.

*Role of social factors* - It was recognised that not all mental health difficulties necessitated a CAMHS referral, and that it was important to address the wider determinants of mental health and wellbeing to build resilience in children and young people. Stakeholders highlighted the effects of child exploitation and violence on mental health and wellbeing, and a need for trauma-informed support – including immediate and specific support for groups disproportionately affected (e.g. children looked after by the local authority and those from Black African & Caribbean communities). Schools were identified as a key place for support, particularly given that mental health and wellbeing issues often begin during school years.

*Gaps in care and support* - A number of groups and situations were described where the needs of children and young people experiencing mental health or emotional wellbeing problems were being overlooked. These included those with autism or Asperger's syndrome, and those exhibiting 'difficult' or disruptive behaviours; however, mental health needs could also be masked in children achieving good levels of academic attainment. The importance of addressing the needs of different ethnic groups was also emphasised (see 2 below).



## 2. Inequalities

*Systemic disadvantage* - Inequalities in mental health and wellbeing were seen as reflective of systemic disadvantage throughout society, particularly racism. It was strongly felt that in order to reduce mental health inequalities, action was needed to tackle socioeconomic inequalities and systemic discrimination – including early on in the education system.

*Culture and language* - A lack of culturally appropriate services and care, particularly in inpatient settings, was seen as a major barrier to engagement and recovery in minority ethnic groups. Staff training was strongly recommended to improve awareness of the issue and understanding of the needs of diverse groups. Not having English as a first language adds additional difficulties to accessing, using and navigating support, as well as differences in how mental health is viewed and talked about in different communities.

## 3. Awareness and knowledge

*Lack of awareness of mental health issues* - Despite progress being made in recent years, it was still felt that awareness and knowledge of mental health and wellbeing were limited – both among professionals and the general public, and particularly around underlying causes and wider determinants. Understanding that mental distress is often temporary was seen as an important message; this was linked to a need to reduce stigma around mental health problems and seeking support. While there was expectation from the public that health care workers, e.g. GPs, would have a good understanding of clinical approaches, it was felt that targeted work was needed to promote an 'ordinary life' approach to mental health problems. This means understanding that emotional distress is often a normal response to challenging situations, as well as taking a holistic, person-centred approach to supporting people with mental health problems.

*Lack of awareness of services and provision* - Improving communication for citizens, non-mental health staff (voluntary and statutory) and across specialist services on available support was seen as a fundamental action to improve access to services. In addition to staff training and a robust communications plan, there were discussions about how to incorporate messages into existing communications and trusted relationships.





#### 4. Services and support

*Prevention and early intervention* - Interventions to prevent mental health problems from developing or escalating were considered to be extremely important, but with limited availability. Many found that it was difficult to access support without particular thresholds being met, or before a crisis had been reached. Access to talking therapies/counselling was felt to be beneficial but limited.

*Care pathways* - Many expressed dissatisfaction with pathways into, or out, of services. The main issues raised were long waiting lists for services and support, and inadequate care planning to support discharge and appropriate support in the community for people with severe mental health problems, which was having a detrimental impact on recovery and necessitating readmission. Difficulty accessing GPs presented barriers to initial support and post-discharge care. Stakeholders felt there was a need to simplify processes to step up/step down care as needs change, and to strengthen joint care pathways for people with concurrent mental health and substance use problems. There were also concerns around provision of statutory services, including in-area crisis beds, respite care, day centres, rehabilitation services and prison in-reach support services.

*Role of voluntary & community sector* - While GPs were identified as the main source of help for those experiencing mental health difficulties, voluntary and community organisations were also identified as known places where individuals could seek help – and are often the first point of contact, particularly for people less likely to access mainstream services or who feel excluded by them. However, dependency on short-term funding was cited as a barrier to sustaining specialist support in these settings.

#### 5. Bereavement and loss

*Bereavement support across the life course* - Children and young people often come to mental health services through experiencing bereavement, yet much of the available support is focused on adults. Those with learning disabilities, autism and/or existing mental health and wellbeing problems were also disproportionately impacted by bereavement.

*Inclusive support and policies* - Support for people bereaved by suicide were found to be often limited to those who were family members or carers. Similarly, statutory organisations' bereavement policies often focus on family relationships, rather than the quality of relationships – therefore good friends can be excluded in workplace bereavement policies. It was noted that other types of loss, such as relationship breakdown or loss of employment, could also have a profound impact on mental health and wellbeing.



## 6. Workforce and culture

*Compassion in care* – People with lived experience and their carers had differential experiences of care within clinical services. Some felt that there was a lack of care and compassion, or that there was variation depending on individual staff members.

*Person-centred care* – While the importance of promoting a culture of person-centred care that addressed wider non-medical issues was recognised, current system structures were seen as barriers to providing holistic support. Strengthening links between NHS and local authority social care teams was seen as key to providing more co-ordinated care for people with mental health problems.

*Workforce development and wellbeing* – This was discussed as an issue throughout sectors and service levels, with good staff wellbeing seen as essential to being able to deliver quality services and care. Within the NHS, understaffing of inpatient services was leading to high turnover due to poor job satisfaction and wellbeing. Clinical supervision offers some protection for those working in clinical settings, however, this is not the case for staff working in non-clinical services (including Safeguarding) or the voluntary and community sector, who often work with people experiencing significant trauma. Statutory organisations such as Sandwell Council were seen as having a duty to lead the way in promoting and supporting workforce wellbeing.

## 7. Wider determinants of mental health and wellbeing

*Universal services quality and access* – In addition to high quality mental health services, there is a need for good universal services that can support individuals around the wider determinants of health (e.g. housing, unemployment/finances) that often have an impact on individual's mental health. This includes ensuring that people living with severe and enduring mental health problems are able to access secure and appropriate housing. However, many people have experienced difficulty contacting services or resolving issues.

*Cost of living* – Rising costs of housing, fuel and household basics are an increasing concern for people with existing mental health problems and the general population. Welfare rights services were identified as key to ensuring that our most vulnerable residents are able to get the support they need.

*Employment* – Reducing inequalities in access to employment was seen as important in promoting recovery and wellbeing, although it was emphasised that employment was not a health outcome in itself. Workplaces were also seen as key settings for mental wellbeing improvement and signposting to further support where appropriate, with a need for local employers to raise their understanding of mental health and what it means to be a mentally healthy workplace.







## 8. Supporting vulnerable groups

*Carers* – Carers reported mixed experiences of care and support, with many expressing dissatisfaction with services and pathways. It was felt that the role of carers was not fully recognised or valued, and that the trauma they experienced as a result of loved ones being in crisis or sectioned was often overlooked as well as the impact on their own lives – particularly for young carers or those with their own health issues. Carers also reported a lack of communication and opportunities for input into decisions about treatment and care, despite having considerable insight into the day to day challenges faced by those they were caring for.

*Marginalised and minority groups* – Conversations with stakeholders, particularly those working in the voluntary and community sector, highlighted a number of groups who were both disproportionately impacted by the causes and consequences of mental health problems, and faced additional barriers to accessing support. These included minority ethnic groups and new communities (Black African & Caribbean community; Eastern European community; and Gypsy, Roma & Traveller community; asylum seekers and refugees); disabled people (including hearing/sight impaired people, and people with a learning disability or autism); the LGBTQ+ community; and older adults.

*Violence and abuse* – Domestic abuse and childhood trauma were recognised as having major impacts on mental health and wellbeing – directly and immediately, and also longer term. Linking to the community safety agenda was seen as a crucial element of promoting mental wellbeing.

## 9. Physical health

*Reducing health inequalities* – Supporting people with severe and enduring mental health problems to have good physical health was seen as important in promoting recovery and reducing health inequalities overall, but the same barriers to access were often present in services and activities to improve physical health. Similarly, there was a need to strengthen support to improve mental wellbeing for people with long-term physical health conditions.

*Health promotion and wellbeing improvement* – Universal approaches to improving physical wellbeing, particularly promoting and facilitating participation in physical activity, were recognised as having a range of benefits for mental wellbeing, including through making social connections and reducing isolation.



## Public Consultation

These initial strategy plans were consulted on, which led to the final set of recommendations being developed (page 38) and informed the accompanying action plan. To ensure a wide reach we consulted across residents and professional organisations, with translations into a range of languages, included an accessible video to explain the consultation and grant funded community organisations to host focus groups. The organisations who supported this process are listed on page 6.

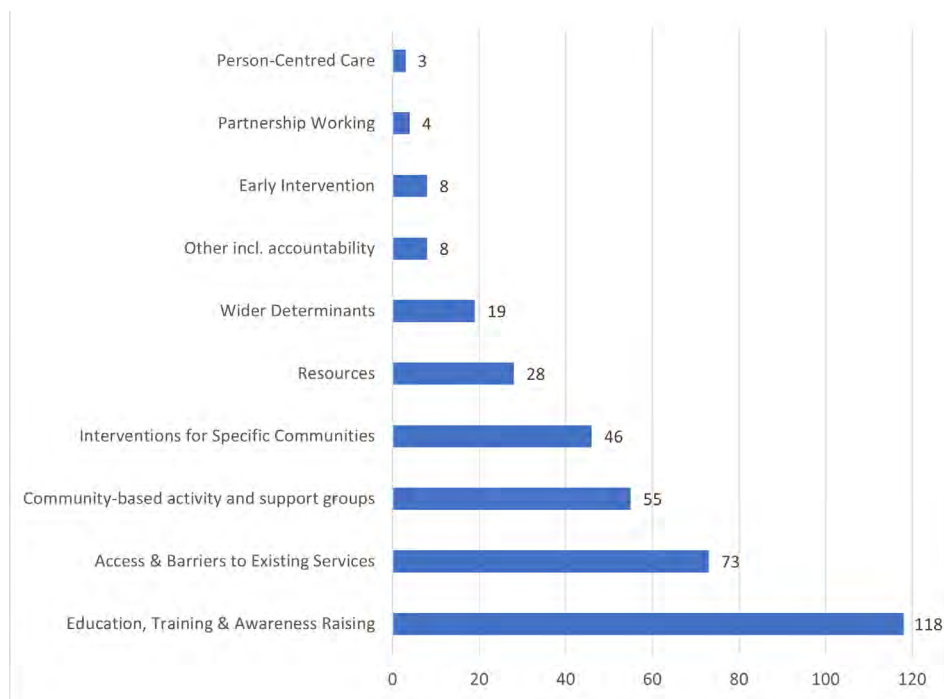
Over 500 responses in total were collated, from a diverse set of backgrounds. There was a strong consensus towards supporting the recommendations, with over 80% of people either agreeing or strongly agreeing with them.

In depth qualitative analysis was conducted, which supported some refining of the recommendations into easier to understand language, and this has been incorporated into the final list of recommendations.

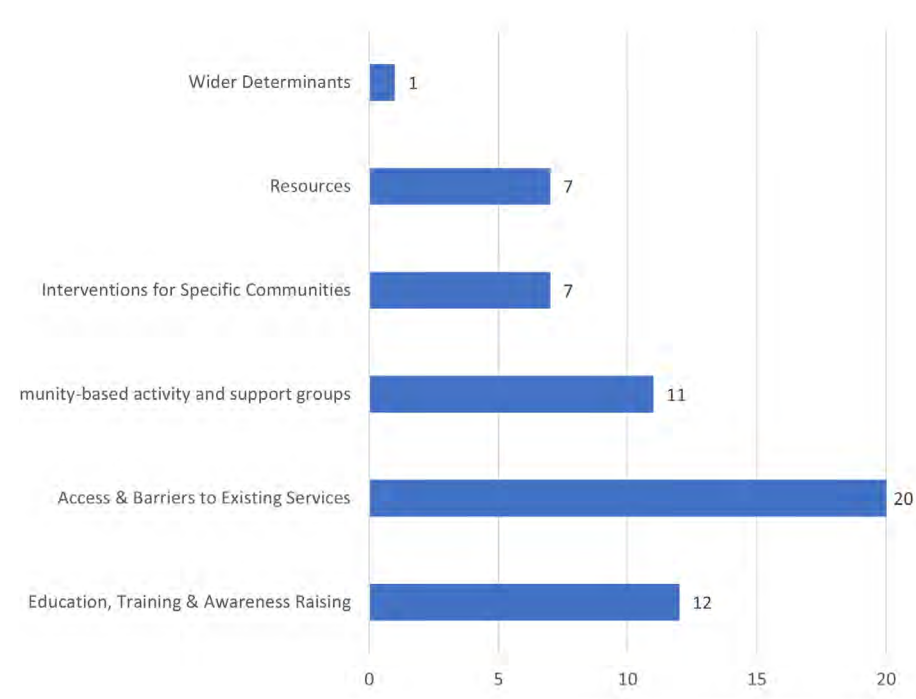
When asked what people would like to see the strategy supporting, the following themes emerged:



### Members of the public responses (N=336)



### Organisation responses (N=58)



# Models of mental health provision in Sandwell

## Children & young people (0-18)

The i-THRIVE framework is the model is being embedded across the Black Country to support young people aged 0-18 years and their families/carers within their locality.

It utilises any professionals who support children whether in education, social care, voluntary or health sectors.

Image 1: The i-THRIVE model of levels of need.



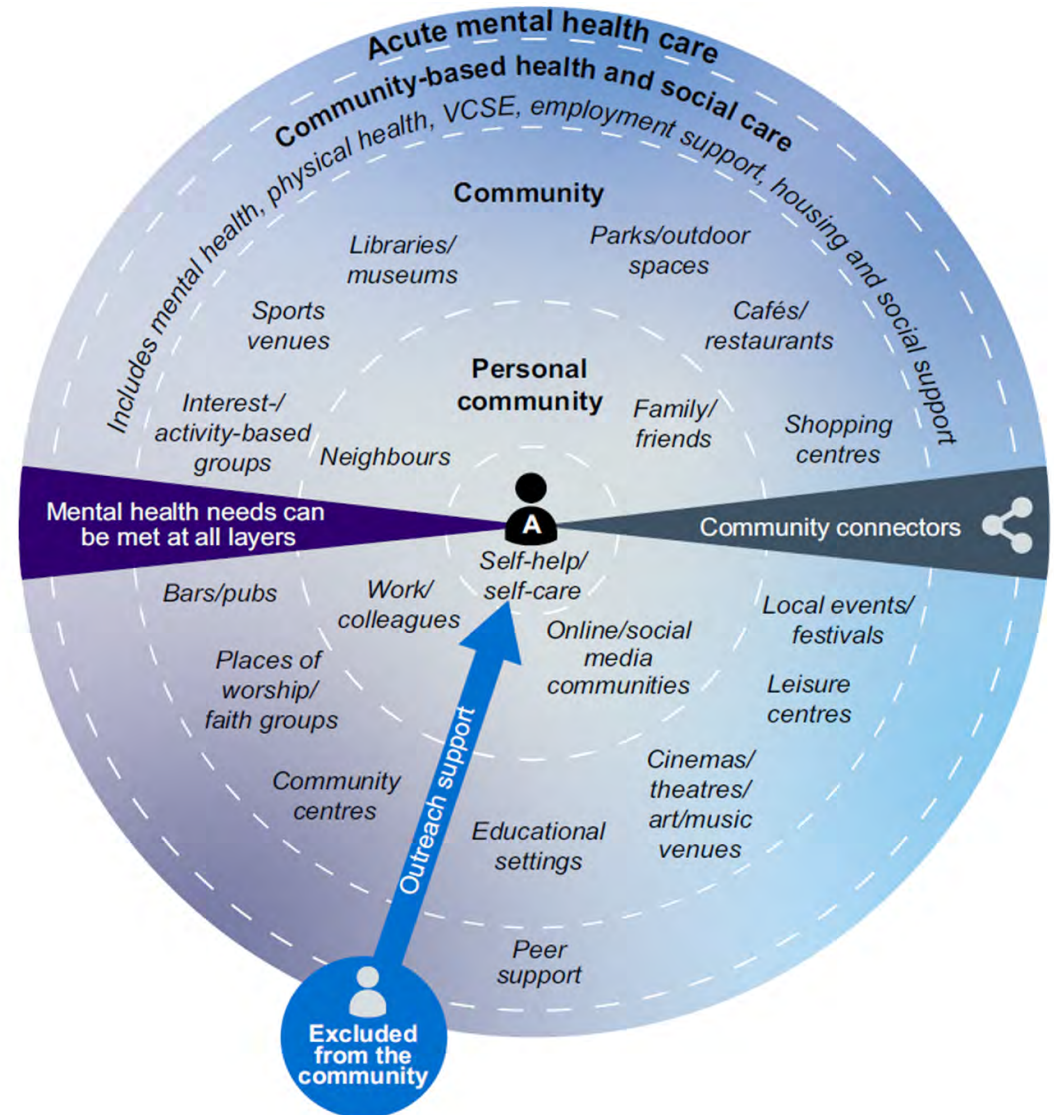


## Adults over 18

The Community Mental Health Framework by NHS England outlines a long-term plan for a community mental health model and describes how mental health needs should be addressed through many different avenues. The Community Mental Health Transformation Plan from the NHS realises that people with mental health problems do not usually require solely treatment for their diagnosed condition, and other complex needs are often overarching.

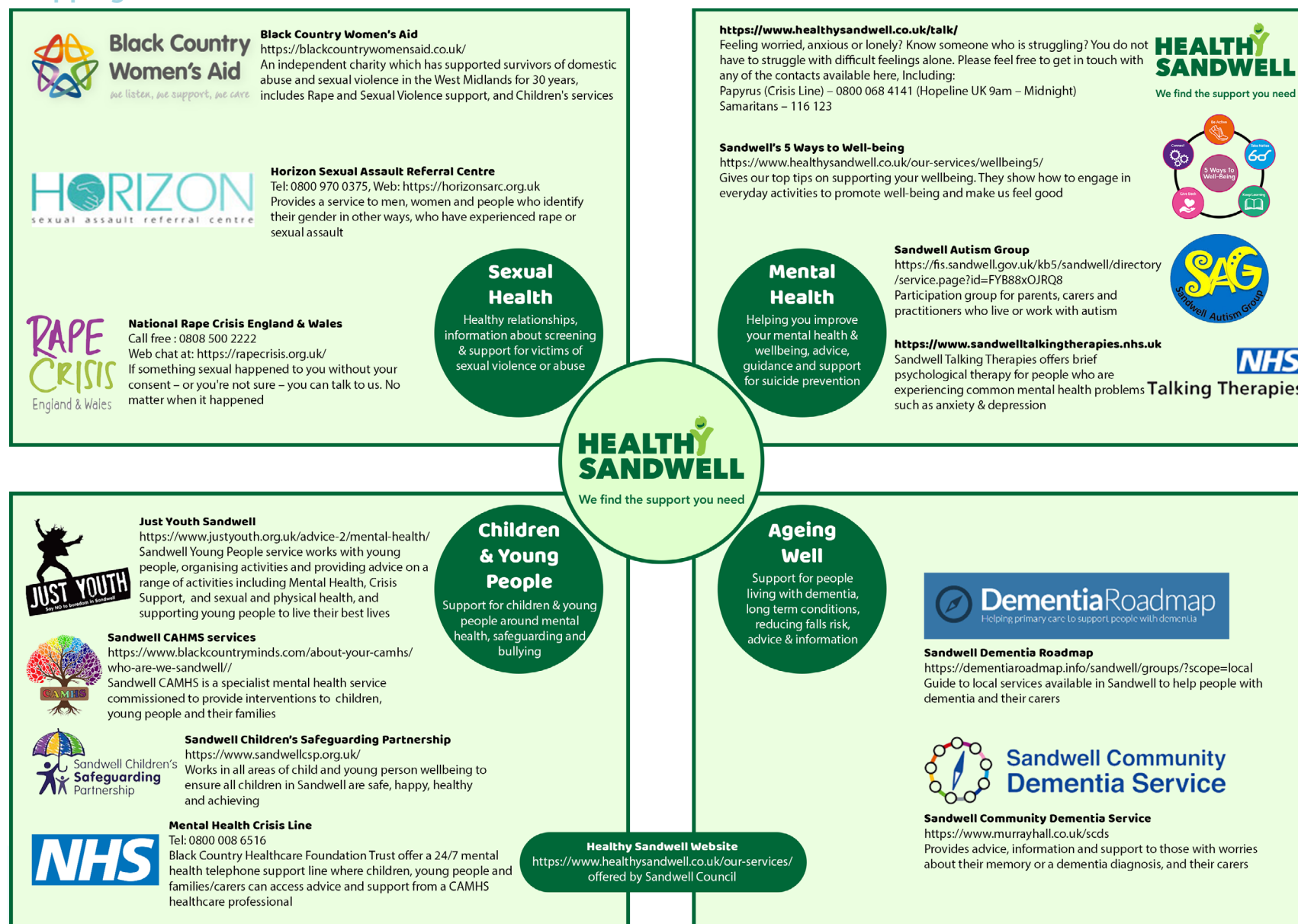
We aim to work on these factors to improve prevention of mental health issues and to support those who require from a multi directional approach.

Image 2: Community Mental Health Framework



<https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>

## Service Mapping





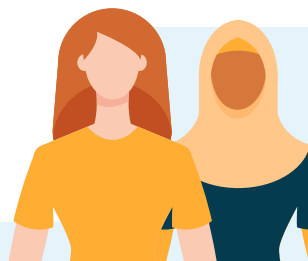
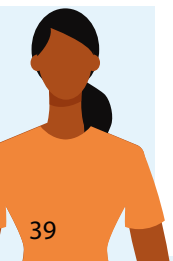



# Sandwell Better Mental Health Programme

In 2021, Sandwell Council successfully secured £391,272 of funding for the Better Mental Health Programme. A programme that aims to work alongside community partners to develop an array of exciting and innovative projects to improve mental wellbeing for the whole community.

These projects recognise the importance that good mental health has to our overall wellbeing. A key to the success of the programme was the strong relationships between Sandwell Council and the voluntary and community sector which provided the ideal opportunity to build on our unique community strengths and work with communities to reduce inequalities in mental health and wellbeing that were made worse by the pandemic. Our Better Mental Health programme was informed by what our communities identified as being important to them. Here are some examples of the range of projects funded:

- 1. Changes** – offers support for parents, helping them to navigate on their parenting journey through a range of activities. This project has enabled a wider choice of Early Years, Primary School Years and Secondary School Years courses to be offered for Sandwell parents to join.
- 2. Activities for New and Expectant Parents** – provides free activities to promote physical health during pregnancy, selfcare and mindfulness, develop new friendships and peer support. Better Mental Health project funding has enabled a wide variety of activities and courses to be held in Sandwell's 6 towns. Sessions take place throughout the day, evenings and weekends so that they meet the needs of parents and parents to be.
- 3. Sandwell Libraries and Archives** – libraries provide a safe and inclusive community hub. This project aims at providing parents and carers of under 5's with a range of social activities such as Play Talk Read and the Sandy Bear Scheme.





**4. Anti-bullying** - One of the projects within the SHAPE Programme is the annual anti-bullying roadshow which takes place during anti-bullying week in November. Children and young people have repeatedly highlighted bullying, including cyberbullying, as a key mental health issue. We are working to tackle this by delivering a whole school antibullying intervention and activities such as online training and classroom-based input. We're building on initiatives such as the successful Anti-Bullying Roadshow delivered during Anti-Bullying Week 2020 and adopting a whole-school approach to raising awareness for CYP, teachers, parents and wider communities.

**5. The Voluntary and Community Sector Wellbeing Charter Mark** - Strengthening partnerships to develop the Sandwell Schools Charter Mark framework and incorporate it into community settings. Having successfully embedded the Schools' Wellbeing Charter Mark to adopt a whole-school approach to mental health improvement across Sandwell, we aim to extend this throughout the community and voluntary sector in the hope to build emotional resilience by engaging in hobbies, interests and communities.

**6. Team Talk Albion** - The project aims to engage men (aged 18+) living in Sandwell with weekly 5 a side football matches located at the Portway Lifestyle Centre. The focus being on improving health and wellbeing through football.

**7. Tough Enough to Care** – These sessions include a 45 minute interactive presentation covering mental health basics and dispelling common myths about mental illness. The project also includes peer support groups which are open to all men aged 18+ from the Sandwell area.

**8. Ideal for All** - Supporting minority ethnic communities through targeted peer support, information and activity sessions. Delivered by Ideal for All, this project offers befriending and improved mental wellbeing through gardening and companionship.

**9. Mental Health Literacy** - This project has 3 elements, the first being i-act Understanding & Promoting Positive Mental Health & Wellbeing training courses. The next is the development of Community Mental Health Champions who can help raise awareness of mental health and challenge stigma within their respective communities. The last is through the charity Kaleidoscope Plus Group who have been delivering accredited courses such as the popular Mental Health First Aid course.

**10. Community Mental Health Grant Programme** - A grant programme focusing on promoting positive community mental health with funding being available to support activities that are run by local people for local people.



## Better Mental Health Programme legacy

Along with the sustainable benefits realised through the programme, several projects have continued delivery into 2023/2024 through current and additional funding being identified. The Programme is continuing to expand to focus on new target groups, informed by the stakeholder and resident engagement undertaken to inform the development of the Sandwell Better Mental Health Strategy. This has led to projects to support older people, carers, people with long term conditions or disabilities, visual impairment, hearing impairment and people from the Black, Black British & African Caribbean community to be added to the Better Mental Health portfolio of projects.

We will also be signing up to the Prevention Concordat for Better Mental Health, supported by this Strategy and Action Plan.





# Recommendations

The following recommendations have been informed by the updated needs assessment and public consultation, aligning to our strategic objectives and national priorities around promoting mental wellbeing and preventing mental health problems. The accompanying Action Plan has been developed against these recommendations, shaped through the Sandwell Better Mental Health Partnership.

1. Improve the understanding of mental health and wellbeing and raise awareness of the support available
2. Ensure mental health services and community-based solutions are able to support all of Sandwell's diverse communities
3. Work with the voluntary and community sector to promote good wellbeing
4. Work with schools and children's services to improve the support for children's mental health
5. Create clear pathways into and out of mental health services
6. Work across all services and partners to ensure a person-centred approach to wellbeing
7. Ensure the bereavement offer is suitable for all people in our community
8. Collect information and data to better understand who needs our support
9. Support the wellbeing of families and carers
10. Support the wellbeing of workers who are improving the mental health and wellbeing of Sandwell
11. Improve the physical health of people with severe and enduring mental ill health
12. Reduce loneliness and social isolation



We will:

- Improve the understanding of mental health and wellbeing
- Raise awareness of the support available
- Improve the physical health of people with severe and enduring mental ill health.

## Promoting Wellbeing

We will:

- Ensure mental health services and community-based solutions are able to support all of Sandwell's diverse communities
- Create clear pathways into and out of mental health services
- Support the wellbeing of workers who are improving the mental health and wellbeing of Sandwell.

## Supporting community-based solutions

# Working with partners

We will:

- Work with the voluntary and community sector to promote good wellbeing
- Work across all services and partners to ensure a person-centred approach to wellbeing

## Targeted Support

We will:

- Work with schools and children's services to improve the support for children's mental health
- Ensure the bereavement offer is suitable for all people in our community
- Collect information and data to better understand who needs our support
- Support the wellbeing of families and carers
- Reduce loneliness and social isolation.



# What We Have Done

We have already progressed work towards our key themes and recommendations during the development of this strategy:

## Working with Partners

- Established an ethos of co-production in everything we do, engaging with and listening to our residents, colleagues and partners with 600 participating in the co-development of the Strategy and action plan.
- Established partnership working with key mental health stakeholders including Black Country Healthcare Foundation NHS Trust, Black Country ICB, community and voluntary sector organisations, Sandwell Children's Trust, West Midlands Police, Highways, West Midlands Combined Authority and Sandwell Council departments including Domestic Abuse, Community Safety, Welfare Rights, Housing, Children and Education, Adult Social Care, HR, Learning & Development and Occupational Health.

## Promoting Wellbeing

- Trained 700 professionals and residents in either Mental Health Awareness, Mental Health First Aid or Suicide Prevention.
- Developed a suite of communication and promotional resources including social media content, posters, leaflets, website pages and online mental health service directory to promote good mental wellbeing, raise awareness of support services and reduce the stigma that surrounds mental health.

## Supporting Community - Based Solutions

- Invested over £900,000 (including £400,000 of PHE funding) into community-based preventative interventions to engage communities at greater risk of poor mental health and wellbeing as identified through our needs assessment and strategy co-production. These communities include men, expectant and new parents, ethnic minority communities, young people, older adults, adult carers, people with disabilities or long-term health conditions, people who are deaf or hard of hearing, people who are blind or have sight impairments and the LGBTQ+ community.

## Targeted Support

- Advocated for COVID-19 Recovery funds to be allocated to community-based provision targeting at risk children and young people including Unaccompanied Asylum-Seeking Children, young Black boys at risk of, or engaging with the Youth Justice system, children in care and 18 - 25 year olds.
- Embedded mental health and suicide prevention messaging in the Cost of Living training delivered by Citizens Advice Sandwell as part of the Council's Tackling Poverty Plan 2023.
- Increased our knowledge and intelligence on communities who are at greater risk of poor mental health outcomes including completing a general mental health needs assessment for Sandwell, an LGBTQ+ community needs assessment, developed a specific mental health chapter in our JSNA, evaluated the BMH Community Programme and conducted an audit of our BMH Programme using the Health Equity Assessment Tool (HEAT).



# What We Will Do

## Working with Partners

- Continue to embed co-production throughout the delivery of the Strategy and action plan including providing opportunities for people with lived experience from diverse backgrounds to act as critical friends to the Better Mental Health Partnership and share learning and best practice with relevant stakeholders.
- We will work with Black Country Healthcare NHS Foundation Trust to achieve their ambitions to improve access to and inclusivity of mental health services through their place-based Compact.
- Ensure we have Better Mental Health Partnership membership optimal for engagement and ongoing work, with good spread and diversity of partners involved. This should include appropriate partners to deliver interventions around our wider determinants of health ambitions.
- We will enhance the Community Wellbeing Champions programme to upskill influential community members and community-based staff and volunteers with the skills and knowledge to better support Sandwell residents.

## Promoting Wellbeing

- Extend our communication and promotional activities including Wellbeing Roadshows and co-developed community-facing campaign to address stigma, mental health awareness, promote help-seeking behaviour and the services available to support.
- Provide opportunities for communities to engage in mental health literacy and psychoeducation to increase their knowledge of their own and their loved ones' mental health and wellbeing.
- Continue to provide opportunities for the workforce in Sandwell, including within the public, private and community and voluntary sector, to participate in training that provides the skills, knowledge and expertise for them to support our communities and each other.

## Supporting Community - Based Solutions

- Co-produce a 'What does good look like?' framework that reflects Sandwell's diversity and share across the mental health and wellbeing system.
- Continue to work alongside community partners to ensure that all residents have access to community-based preventative mental health and wellbeing programmes and initiatives. We will have a focus on reducing the impact of the wider determinants of health that impact upon wellbeing.
- Create opportunities for statutory and clinical services and community and voluntary sector partners to connect, share learning and best practice, and raise awareness of local facilities and services. Explore opportunities for co-location of services and facilities, to promote partnership working and enhance awareness of services.

## Targeted Support

- We will work collaboratively with the Childrens and Families Strategic Partnership and supporting Childrens Emotional Health and Wellbeing Operational Group to improve the mental health and wellbeing of infants, children, and their families.
- Work with WMCA to develop faith-specific mental health awareness training and engagement activities to increase mental health literacy within our faith communities, increase our understanding of mental health in these communities and propose targeted support and interventions for them.
- Continue to improve our knowledge and intelligence to identify those who are over-represented in, or those who are underserved mental health services and face multiple inequalities and propose targeted support and interventions for them.
- Advocate for improved monitoring of protected characteristics for mental health and wellbeing programmes, project and services delivered or commissioned by BMH partner organisations.
- Support Adult Social Care to achieve their actions set out in the Sandwell Joint Carers Strategy "Better Lives for Carers 2022-2026".
- Working with health sector partners, facilitate opportunities for those with severe mental illness to improve their physical health through engagement with physical activity, screening programmes and NHS Health Checks.
- Working with partners, share promotional material to showcase the bereavement support available in Sandwell.

# How Will We Know We're on Track

We will monitor our performance on the following performance indicators:

## Working with Partners

- Attendance, engagement, and contribution of partners at the BMH Partnership.
- Number of Community Wellbeing Champions across our 6 towns.
- Improved collaboration across public, private and CVS partners i.e. learning events, digital networking, community of practice.

## Promoting Wellbeing

- Percentage of residents and stakeholders reporting improved knowledge of local services as a result of engaging with Wellbeing Roadshows.
- Percentage of residents reporting improved mental health literacy through their engagement with psychoeducation sessions.
- Number of staff and volunteers trained in either mental health awareness training or suicide prevention training.
- Percentage of training delegates reporting a change in their knowledge and or working practices as a result of training received.

## Supporting Community - Based Solutions

- Number of critical friends engaged and a 'You Said, We Did' record of changes and improvements as a result.

## Targeted Support

- Infants, children and families self-report improved wellbeing.
- Number of needs assessments, research or engagement projects for communities who are over-represented in mental health services or those who are underserved completed.
- Completeness and quality of monitoring information across BMH partners.
- Improved take up of lifestyle services/Health & Wellbeing programme, Community Offer activities and other relevant Public Health services/programmes by Carers to improve health and address social isolation.
- Improved physical health of those with SMI.
- Development of a coherent and inclusive bereavement support offer across all partners.


## Contextual performance indicators that our work will support:

- Healthy Life Expectancy
- Self-reported wellbeing: people with a low satisfaction score, people with a low worthwhile score, people with a low happiness score, people with a high anxiety score
- Prevalence of common mental disorders in adults and in children and young people.
- Premature mortality in adults with severe mental illness (SMI)
- Suicide rate

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