

DRAFT
Leeds Mental Health Strategy

2020 - 2025

DRAFT



Foreword

Leeds has all the attributes of a great northern city, with plenty to offer to those of us who live, learn and work here. Whether it's by birth or by choice, there's something about our city that makes us proud to call it home.

It may well be because of our growing economy and population, diverse and vibrant communities, our unparalleled Third Sector, green spaces, high quality services, an exceptional educational offer, the breadth of culture and art.

More likely it's because of 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.

All of these things contribute to our quality of life and our mental wellbeing. However, there remains enduring inequality in the city - some of us experience worse mental wellbeing because of where we live, how much we earn, the physical health conditions we have, the air we breathe or the pressure we face day to day. The cost is too great to our people, to our economy and to the way we and others view our city. This is unacceptable and must end.

That's why Leeds has a new Mental Health Strategy. 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 face as a city, ensuring that mental health underpins everything we do, whilst targeting efforts where they are most needed so that the health of the poorest improves the fastest

It covers how we plan to strengthen our efforts to keep people in Leeds mentally healthy, whilst addressing the fact that we need to do more to support people with mental health problems, including those that live with severe and enduring mental illness.

We all have a part to play in Leeds being a mentally healthy city, 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 and culture in which we can all flourish in our diverse communities. This means we can enjoy the things that help us feel good and get access to high quality support and compassionate services when we need them.

New money coming into Leeds as part of the NHS Long Term Plan gives us the opportunity to shape and grow services for children, young people and adults, rooted in a Think Family approach that supports parents.

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.



Councillor Charwood
Executive Member
for Adults and Health


Introduction

The Leeds Health and Wellbeing Strategy provides a framework for improving health and for making Leeds the best city for health and wellbeing.

In response, 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 it will feel normal to talk about mental health and that everyone, whoever they are and wherever they live, will be able to access good quality mental health services, if and 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 acting to reduce poverty and the impact of poverty.

This strategy sets out 'the story' of mental health in Leeds – what is important and why. It is also a bold call to action. Mental health and wellbeing is everyone's business. Only by coming together to address the wider factors that affect mental health, improving services and, by truly focussing on prevention, will Leeds achieve the vision of being a mentally healthy city for everyone



**Our vision:
Leeds will be a
mentally healthy
city for everyone**

DRAFT

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 all age: 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. There are also city-wide plans for improving adult mental health services over the next five years and for suicide prevention.

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 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 achieving this, and how we will know when we've achieved it
- Set out the delivery plan - three key areas, and eight priorities that will help achieve the vision
- Provide a framework within which to develop a shared culture across diverse services

Mental Health Strategy 2020-2025



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 meet 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.

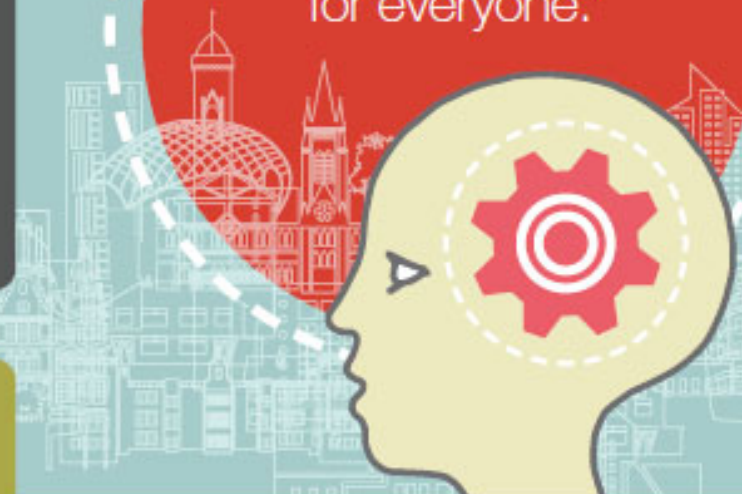
People will be actively involved in their mental health and their care

5.

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

Our Vision:

'Leeds will be a Mentally Healthy City for everyone.'



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 for and never undermining what is agreed. 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 small 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 during the last five years. 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.

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.

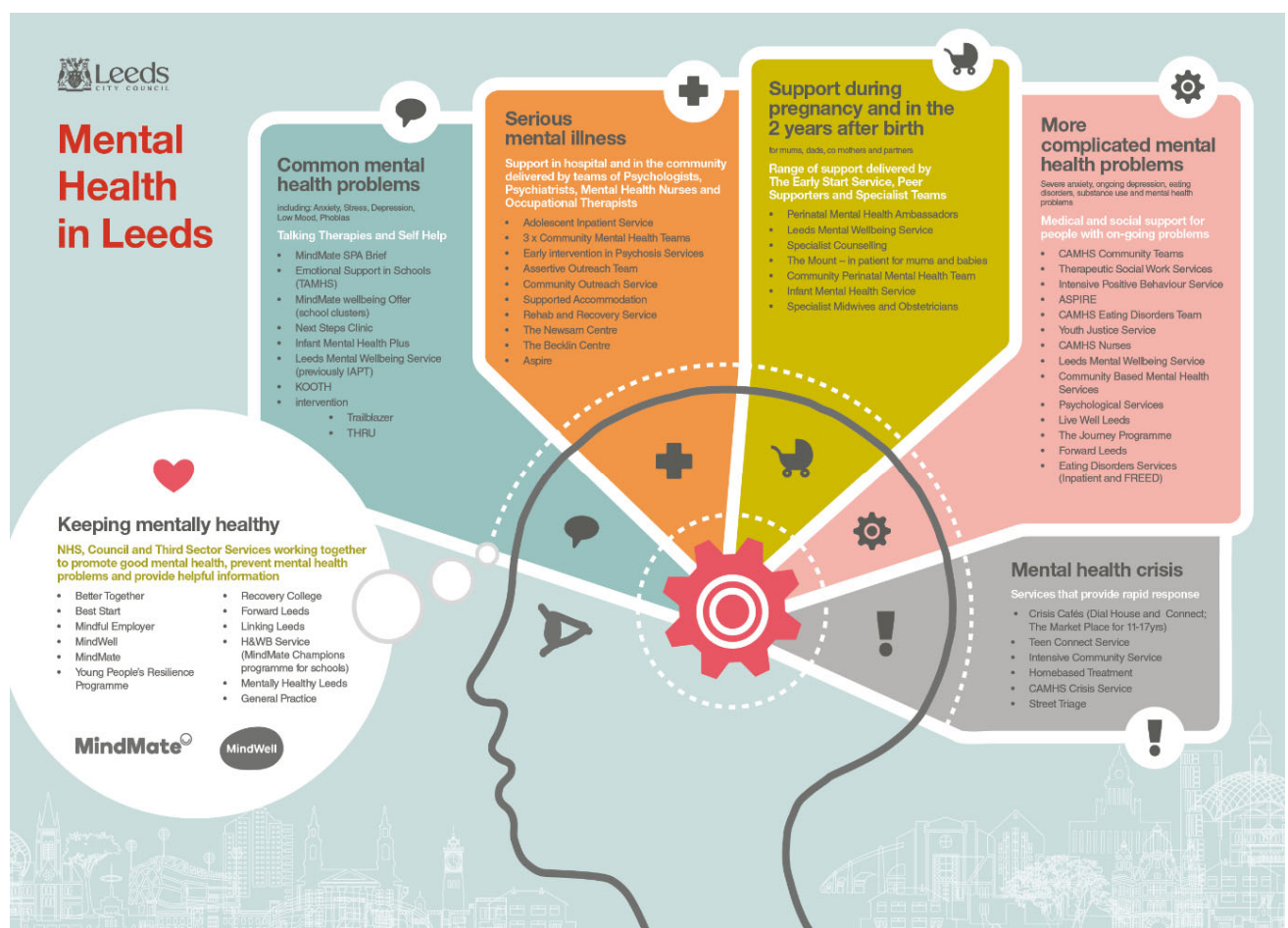
Leeds is a compassionate city, committed to an approach that focuses on the strengths of people and communities. Asset Based Community Development is about nurturing communities and connections between people that live in local areas. For everyone in Leeds, including those with mental health needs, to 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 also delivers innovative and award winning mental health services, including 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 (See Appendix 1)

Finally, 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



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 £500 million 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.

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 acute in our communities that experience the greatest inequality.

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 reason that maintains mental health inequality.

There has been a recent growth of in-work poverty, with an estimated 70,000+ working age adults from

Over 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 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.

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.

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 Treatment) have only ever been resourced to meet a small proportion of mental health need (currently around 20%). 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 in relation to children and young people.

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 face more barriers when accessing treatment. 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.

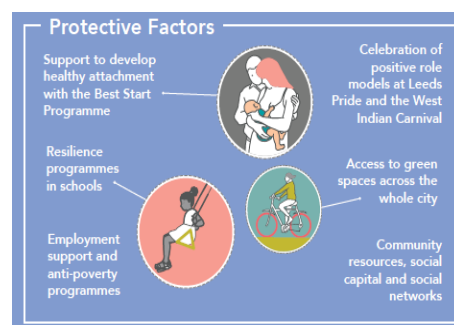
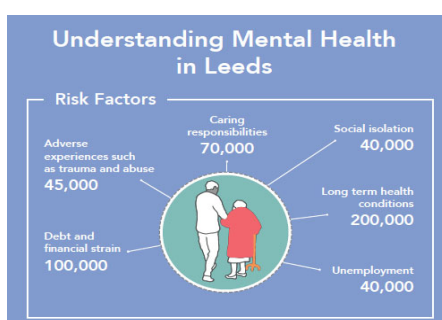
World Health Organisation (2019) Healthy, prosperous lives for all: the European Health Equity Status Report

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.

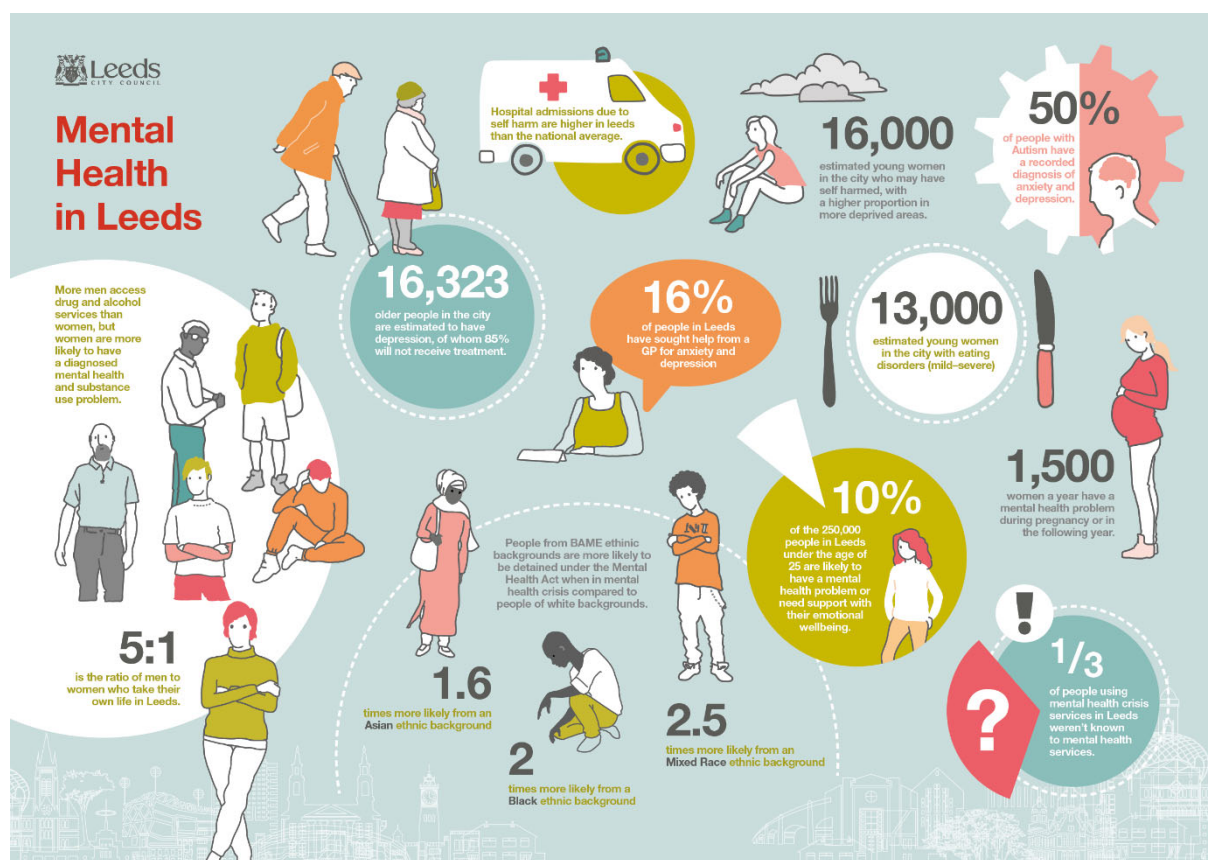
Risk and protective factors in Leeds



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

What we know about mental health in Leeds – some key facts



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.

Five 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 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.

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 five years.

Three 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 for the next five years 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.

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 for 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 that, 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 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 support that meet 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'. This is a significant challenge.
- '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.
- Those people who have criminal justice involvement and mental health problems are a particularly disadvantaged group.
- Finally, mechanisms need to be put in place to enable cross-system learning. This is particularly important when services do not meet people's needs in a timely or responsive manner – especially in the case of crisis.

Eight 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 meet their needs
8. Improve the physical health of people with serious mental illness.

How Leeds will deliver the vision

Achieving the vision is dependent upon a strong partnership approach that takes positive action across the areas shown in the circles below (Appendix 2 details activity under each heading).

This will ensure that people in Leeds stay mentally (and physically) healthy for longer.



A conceptual model derived from the World Health Organisation Public Mental Health Framework (2013)

The term 'Left Shift' is sometimes used in Leeds to refer to the idea of balancing across a system – in this case, across the three circles of Mental health promotion, Mental illness prevention and Improving lives, supporting recovery and inclusion.

Moving 'left' means moving resources (time, money, activities) further upstream along an imagined river. This 'river' begins with the broad factors that influence mental health (on the left) and ends with inpatient mental health care (on the right). The movement towards the left, does not always mean doing *less* in terms of delivering services, but rather it can mean doing *more* further 'upstream'.

Success Indicators

The success indicators included in the delivery plan at the end of this document 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).

Cross-Cutting Themes

Two cross cutting themes have emerged from the engagement carried out as part of developing the strategy. These will inform how the actions, aligned to each priority, will be developed and put in to action.

Workforce

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.

If Leeds is truly to be a city where people feel comfortable talking about their feelings, this means that people working in services, including those outside of mental health, must also feel supported and enabled to have conversations about mental health.

Information

People in Leeds report that despite significant work, including the MindMate and Mindwell websites, it remains difficult to find information about how to access mental health support and the mental health system is still difficult to navigate.

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 'I/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 get older and 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 care-givers

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 base 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