

## **Leeds - A Mentally Healthy City: Update report**

Date: 27 July 2022

Report of: **Director of Public Health**

Report to: **Executive Board**

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

### **What is this report about? Including how it contributes to the city's and council's ambitions**

1. Leeds has an excellent history of championing good mental health through broad preventative programmes and innovative mental health support and services. This whole-system approach is more important than ever as the mental health impact of Covid-19 continues to be significant, further compounded by the cost-of-living crisis. The 'Best City Ambition' aims to enable the city to adopt a more partnership focused approach to key issues in Leeds by bringing agendas together, maximising the impact of limited resources by aligning work between partners, and building momentum around a set of shared priorities – it is vital that mental health is at the core of this.
2. The vision of Leeds Mental Health Strategy is that 'Leeds will be a Mentally Healthy City' for everyone. This paper sets out the way in which partners in Leeds have made progress towards this and how we could and should go further in achieving this ambition. The purpose of this report is to:
  - Provide an overview on the state of mental health in Leeds and the challenges we face as we emerge through the Covid-19 pandemic in the context of the current economic climate
  - Describe current work in place and the proposed approaches to addressing the challenges
  - Engage support from Executive Board members to promote our mental health work across Leeds and contribute to creating conditions for positive mental health in all our communities
  - Applaud the wide range of sectors in playing an active part in Leeds being a Mentally Healthy City
  - Acknowledge that Leeds City Council, through strategic commitment, continues to play a lead role improving and protecting the mental health of the Leeds population and addressing mental health inequalities, e.g. taking forward this work through a 'Breakthrough' project on promoting mental health

### **Recommendations**

3. That Executive Board:
  - a. notes the content of the report

- b. recognises the current and future challenges around promoting good mental health in the city and that Leeds City Council has invested in programmes of work in the city that promote good mental health and prevent mental ill health
- c. promotes our mental health work across Leeds and contribute to creating conditions for positive mental health in their local communities

### **Why is the proposal being put forward?**

4. The impact of Covid-19 on mental health is significant and complex. The Association of Directors of Public Health suggest that Covid-19 is not a pandemic but a 'syndemic' in that a number of impacts (physical, social, financial or emotional) combine together to have an effect which is worse than any one individually. The impact of this varies from person to person, and community to community, and is dependent on a number of factors, including current stressors and previous trauma.
5. National research, local feedback and analysis of service use suggests that mental health needs have increased across the lifecourse – in both volume and severity - since the pandemic began in early 2020. This increase will not be met by services alone, underscoring the need for an ambitious, whole-city response that provides a 'progressive universalist' approach – delivering broad programmes of work along with targeted responses that address mental health inequalities. Nationally, there are further opportunities to draw on our learning in Leeds to influence policy through the Department for Health and Social Care consultation on the new 10-year plan to improve mental health.
6. Leeds has a long history of supporting communities to have good mental health. The city has also learnt much during the pandemic about how to work more effectively across organisational boundaries, deliver innovation and work with and galvanise volunteers and communities.
7. The scale of the challenge is significant, and the effects of the last 2 years on people's mental health are now compounded by the current economic climate. There is a need to respond at scale, building on our learning but also being ambitious and courageous in how we meet the mental health needs of Leeds citizens' in the coming years.
8. The pandemic exposed the mechanisms through which health inequalities arise and are embedded – from structural inequalities such as housing, where people live, the job they have - through to the way in which people experience barriers in accessing health and care. Broader societal issues such as racism and discrimination have also been shown to have both direct and indirect effects on health. It is important to recognise that this process applies to both physical and mental health – highlighting the need for our response to be whole-council and whole city.
9. Recent agreement for Leeds to become a Marmot city provides a potential organising framework for thinking about how to strengthen our responses, alongside the Best City Ambition and Leeds Mental Health Strategy.

### **Mental Health Needs of adults in Leeds**

10. National mental health forecasting tools suggest that, for adults, there will be an increase in common mental health disorders (anxiety and depression) of around 15-20% and that the impact will be felt over the next 3–5 years. This will be complicated by grief and trauma associated with the impact of the virus and the restrictions placed around social and emotional processes such as bereavement.

11. Locally, we can see that the number of adults seeking help for common mental health disorders is now 20% higher than it was before the pandemic, and anti-depressant prescribing has increased.
12. Groups particularly affected are those people who were already at risk of poor mental health; people who were bereaved during lockdowns; health and social care staff and people admitted to intensive care with Covid-19. However, we have all lived through an unprecedented time of anxiety and uncertainty and, to varying degrees, the pandemic has affected everyone psychologically, one way or another.
13. Usual places of support - such as community groups and places of worship - have also been closed or disrupted during the pandemic. Disagreements over vaccines, approaches to lockdown legislation and mask-wearing have also created tension within friendships, families and communities.
14. Locally, adult suicide rates have not increased during the time of the pandemic. However, given the cost-of-living crisis, it will be important keep a close eye on this as previous economic recessions coincided with a sharp rise in suicides.
15. Research from Age UK during the Covid-19 pandemic showed that although some older people coped well with the pandemic, a large number found their mental health had worsened, in part due to the social isolation caused by the restrictions associated with lockdowns.
16. The ongoing impact on mental health continues to be noted by people who are highest risk from Covid. Over two thirds of the clinically vulnerable people in Leeds who fed back, said that the end of the mask mandate has left them more anxious, and they have altered their preferred patterns of work, exercise or socialising to keep themselves safe. The counselling support provided by the Leeds shielding programme has seen continued demand for support even in 2022, with the UK Counselling Network highlighting that many people are only now able to face the trauma of being clinically vulnerable during the pandemic; as well as a significant cohort of people who are struggling to manage their long-term health conditions, because of mental health challenges.

## **Mental health needs of children and young people**

17. For children and young people, the COVID-19 pandemic intensified known risk factors for mental health disorders, and disrupted support structures. Most studies have found that, on average, children's mental health worsened during the pandemic, although it's worth noting that the majority of children remained well. Evidence suggests that those at greatest risk of poor mental health during the pandemic include children with previous mental health or learning difficulties and those at socio-economic disadvantage.<sup>1</sup>
18. In 2021, one in six children aged five to 16 in England had a probable mental disorder, a similar rate to 2020 but up from one in nine in 2017 <sup>2</sup>. In Leeds, this equates to around 19,608 children. Nationally in 17-23 year olds, 27% of young women and 13% of young men are likely to have a mental health disorder. In Leeds, this equates to around 11,400 young women and 4,573 young men.
19. Assessment of NHS data has shown that rates of referrals to child mental health services are now at record highs. In Leeds, referrals to the MindMate Single Point of Access have seen an increase by almost 50% (since 2020), with longer waiting times. There is an increase in demand

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<sup>1</sup> Children's Mental Health and the COVID-19 Pandemic: POST (parliament.uk) [Children's Mental Health and the COVID-19 Pandemic - POST \(parliament.uk\)](#)

and urgency for referrals into Eating Disorders service and the demand for autism assessments continues to increase at a significant rate.

20. During the COVID peak substantially more referrals per person were made by people living in the most deprived areas than those living in the least deprived areas, plus higher use of crisis services.
21. The 'My Health My School' survey indicates that since 2009, there has been a 12% increase (primary school pupils) and 15% increase (secondary school pupils) in students responding that they felt stressed or anxious every day/most days, therefore demonstrating a pre-COVID trend for worsening mental health. In 2020/21 26.5% of primary and 37.8% of secondary pupils said they felt stressed or anxious everyday or most days; with girls, children living in deprivation and those identifying as LGBTQ+, reporting poorer emotional wellbeing<sup>2</sup>.
22. A local Health Needs Assessment<sup>3</sup> demonstrated that children and young people from Minority Ethnic communities experience inequalities in terms of access to mental health support.
23. Given this increasing demand across the whole population it is vital that the city comes together to take further action. As noted above, Leeds has laid the groundwork already to enable this to happen; robust strategic and operational relationships are in place to support the city to go further and faster in addressing mental health need and promoting good mental health in our communities.
24. Doing so is not only a moral imperative but it makes good economic sense. There are well-evidenced interventions and approaches already in place that protect good mental health, reduce the risk of poor mental health and suicide. A systematic review of public mental health interventions in 2017 concluded that for every £1 spent on preventative mental health approaches there was a return of £43<sup>4</sup>.

### **All-age Leeds Mental Health Strategy**

25. The Leeds Health and Wellbeing strategy provides a framework for improving health and for making Leeds the best city for health and wellbeing. The Leeds Mental Health Strategy sets out how we will achieve this vision for mental health, so that 'Leeds will be a mentally healthy city for everyone.'
26. Being a mentally healthy city means that more people will feel comfortable talking about their 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 taking action to reduce poverty and the impact of poverty.
27. Alongside this broad vision, the mental health strategy contains five strategic outcomes:
  - People of all ages and communities will be comfortable talking about their mental health and wellbeing

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<sup>2</sup> To note, this analysis was not assessed for statistical significance, however the patterns demonstrate reflect national research.

<sup>3</sup> [Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds - NHS Leeds Clinical Commissioning Group \(leedscCG.nhs.uk\)](#)

<sup>4</sup> <https://www.nuffieldtrust.org.uk/resource/growing-problems-in-detail-covid-19-s-impact-on-health-care-for-children-and-young-people-in-england?gclid=EAlaIqobChMluPqJ37aq->

<sup>3</sup> Reference: Masters R, Anwar E, Collins B, et al. Return on investment of public health interventions: a systematic review. *Journal of Epidemiology and Community Health* 2017;71:827-834

- People will be part of mentally healthy, safe and supportive families, workplaces and communities
- People's quality of life will be improved by timely access to appropriate mental health information, support and services
- People will be actively involved in their mental health and their care
- People with long term mental health conditions will live longer and lead fulfilling, healthy lives

28. The five outcomes and have resonance both within mental health services and beyond them; structuring and influencing how we develop services and broader actions that influence the wider determinants of mental health.

29. In addition, there are eight priorities identified in the mental health strategy that stakeholders agreed needed a particular focus - so that change could be driven further and faster. Delivery of the priorities are led by senior responsible officers and implementation leads from across the Third Sector, NHS and the Council.

30. They have identified a number of success indicators to track progress. The priorities are:

1. Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
2. Reducing the over representation of people from diverse communities detained under the Mental Health Act
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.

31. Governance and oversight of the Leeds Mental Health Strategy is through the Leeds Mental Health Partnership Board and Health and Wellbeing Board. The Mental Health Strategy was approved by the Leeds Health and Wellbeing Board in January 2020 but never launched, due to the pandemic. Over the last two years, partners have continued to work towards achieving the vision set out in the strategy. Some aspects have been refreshed and it will be (re)-launched in October 2022 on World Mental Health Day (10<sup>th</sup> October).

32. An annual listening exercise has been developed in partnership with Leeds CCG and Healthwatch to track progress against the five strategic outcomes. This will launch in July 2022 and aims to provide a 'temperature check' of the mental health of people in Leeds over the next three years.

33. Achieving the vision of Leeds being a mentally healthy city for everyone requires action across all sectors, within services and crucially, outside of them. The Leeds Mental Health Strategy is a whole-city strategy with partners working together to deliver the city's vision. Leeds City Council plays a key leadership role on key elements. These are covered by priorities 1, 2, 3, 5

and 7 in the mental health strategy. These are set out below but note - priorities 4 and 8 are specific to mental health services and are not covered in the following narrative.

### **34. Priority 1: Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm**

The Public Mental Health team provides strategic leadership for Priority 1, across four key areas:

- Increase protective factors for good mental health
- Reduce risk factors for poor mental health
- Reduce stigma and discrimination around mental health
- Reduce suicide and self-harm

#### **34.1. Increasing protective factors and reducing risk factors around mental health**

34.1.1. The Mentally Healthy Leeds (MHL) service is a preventative community development/public mental health programme, working with people at risk of experiencing poor mental health to reduce mental health inequalities. This work is targeted in areas that experience the greatest challenges.

34.1.2. Leeds MIND lead a Mindful Employer approach to encourage employers to promote better mental health across their workforce. A range of materials have been developed, including their Ten Steps Toolkit to support employers in this role.

34.1.3. Following investment into exploring what the '5 Ways to Wellbeing'<sup>5</sup> means to people in Leeds, Public Health and Forum Central used the findings to develop a community grants programme for the 3<sup>rd</sup> sector. The aim of the grants programme is to gather evidence around how the approach can be best utilised. Learning will be shared and it is hoped that a product of this work will culminate in Leeds specific resources for any 3<sup>rd</sup> sector organisation to use.

34.1.4. Mental Health Awareness/Suicide Prevention training for the wider workforce in Leeds. This is free for organisations to access and is currently targeted towards front line staff in areas where we know both need and demand is high, including those working around communities of interest.

#### **34.2. Suicide and self-harm prevention**

34.2.1. Suicide prevention is a statutory responsibility of local authorities and in Leeds we have some nationally recognised good practice in our work. Public Health provide strategic leadership and expertise to the Leeds Strategic Suicide Prevention Programme and Action Plan and every three years undertake an audit of all HM Coroner's recorded cases of suicides in Leeds from which a strategic action plan is drawn.

34.2.2. Public Health has worked with West Yorkshire Police to establish a Real Time Surveillance approach and now receive data on a weekly basis about suspected suicides in Leeds. This data is supplemented by data from British Transport Police about suspected suicides on the rail network.

34.2.3. Leeds was the first place in West Yorkshire to commission the development of a peer-led Suicide Bereavement Service. This postvention service supports people and families directly affected by the loss of someone to suicide. It is a model that is now recognised as best practice and now adopted at a West Yorkshire level.

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<sup>5</sup> The 5 Ways to Wellbeing are: Connect, Take Notice, Keep Learning, Stay Active, Give

34.2.4. To support community-led action, a grants programme is in place to address suicide prevention and self-harm that focusses on 'at risk' communities and groups. Men are up to four times more likely to die by suicide and Men's Health Unlocked was one of the 3<sup>rd</sup> sector grant recipients. This Network provides a public health voice around men's mental health and its aims are to be a voice for men, champion positive male health and identity and learn, share and promote good practice. This ground-breaking work has resulted in the Network being awarded over £300,000 by the National Lottery.

34.2.5. This grants programme has recently been expanded, with support from the West Yorkshire regional suicide prevention group, to provide additional funding towards working with diverse communities including Gypsy and Travellers, LGBT communities and people involved with the criminal justice system, including prisons.

34.2.6. Work with faith organisations (Sikh Gurdwara/Temple) is an excellent example of the work undertaken by Leeds Suicide Bereavement Service and Mentally Healthy Leeds in response to two deaths by suicide - a few months apart - involving young Sikh men in Leeds and the surrounding area. The plan is to train faith leaders as mental health champions and to gather insight through focus groups to understand key triggers for poor mental health within their communities and learn more about gaps in services. Campaign materials produced will feature the theme of kindness when a premature death occurs with culturally informed and appropriate messages and infographics. A new suicide audit will take place in 2023 in partnership with HM Coroner's Office. This will inform a new Leeds Suicide Prevention plan.

### 34.3. Stigma and discrimination

34.3.1. Third sector partners in the city, and Public Health, influence anti-stigma work across the city, ensuring delivery of a city-wide action plan through Mentally Healthy Leeds. The anti-stigma partnership, hosted by Touchstone, is soon to be relaunched with the aim of giving the partnership a more prominent and active presence going forward.

## 35. **Priority 2: Reducing the over representation of people from diverse communities detained under the Mental Health Act**

35.1 Within Leeds, as is the case elsewhere in the UK, people from Black, Asian and Minority ethnic communities are at an increased risk of being detained via the Mental Health act compared to White counterparts. The last full year's data (2020/21) shows that in Leeds people from a Black or Black British background were 3 times more likely to be detained via this route and people from a Mixed ethnic background were 2 times as likely to be detained.

35.2 This is the result not only of what happens in services but signals the effects of racism and discrimination (structural and interpersonal) that increase the risk of severe mental illness and the barriers people experience in accessing support. It is important that in addressing this inequity the approach is whole-system - both inside and outside of services – the central voices of people with lived experience and surface racism and discrimination.

35.3 The Synergi-Leeds partnership includes within its core group: Deputy Director of Psychological Professions (LYPFT), Head of Public Health (Mental Health), and Clinical Services, Inclusion Lead (LYPFT). These three people are, respectively, the SRO and implementation leads for Priority 2 of the Mental Health Strategy as described above. Other members of the core team include both Adult and CYP Ethnic Inequalities Leads, CEO of Forum Central and Engagement lead for the CMH Transformation Programme.

35.4 Given the scale of the work and the challenges holding both an adult and children and young people (CYP) focus within the Synergi-Leeds partnership, a separate but linked CYP

steering group has been developed. The core teams will continue to meet at intervals and will work together on relevant projects, for example, transitions within mental health service.

35.5 In the Mental Health Strategy/Priority 2 Project Initiation Document, identified priority measures include:

- reduce the reduce the risk of mental health act detentions for BME groups
- reduce the percentage of people from BME backgrounds who are subject to a community treatment order
- improve access and uptake to primary and preventative mental health care for people from BME groups
- improve access and reported experience to specialist secondary care (including CAMHS, perinatal and eating disorder services for people from BME communities
- people from BME communities who access mental health services report an improved experience in services

35.6 Public Health has partnered with Leeds Community Foundation to develop an all-age community grants programme to support the Synergi-Leeds programme. This funds community groups to provide grassroots, culturally sensitive mental health support. The all-age Synergi Leeds grants programme (£100,000 p.a.) has been designed to support very local activity that addresses: the wider determinants of serious mental illness (including racism and discrimination); increases trust; improves access to services and bolsters existing community mental health support. The first round of this grant funded fifteen community organisations to run a two-year programme to address psychological wellbeing and mental health needs within children, young people, adults and families across the city, with a further opportunity to receive funding for a third year.

35.7 Future work includes further developing the Synergi city-wide partnership to ensure high level leadership locally and continuing to engage with the national Synergi pledge to embed this transformational approach to addressing racial inequalities in mental health.

### **36. Priority 3: Ensure education, training and employment is more accessible to people with mental health problems**

36.1 The initial focus of Priority 3 has been on the delivery of two key pieces of work:

- Developing You (DY) is an 8 week pre-employment support programme developed with Primary Care, the 3<sup>rd</sup> Sector, Public Health, Department of Work and Pensions (DWP) and Employment & Skills. It targets residents typically with mild to moderate mental health challenges and combines wellbeing with employability modules and has been delivered in the four wards with the highest Universal Credit (UC) claimants. To date there have been over 200 starts on programme with 124 people improving skills and 1 in 5 people finding work.
- Employment Hub Mental Health – Primary Care Pilot: continued development and initial testing of a new referral pathway from Primary Care, enabling GPs and other clinical staff to refer patients experiencing mental ill-health directly into the Employment & Skills Mental Health programme.

36.2 Future developments include:

- Expansion of the DY programme to include young people (19-30 years old) and people with a Learning Disability (LD), plus incremental roll-out to cover a wider Local Care Partnership (LCP) footprint.
- Evaluation and wider roll-out of the Primary Care Pilot



- Targeted, accessible and inclusive recruitment into roles identified by LCP framework for people with mental health needs, working alongside LCP Development Team and Mindful Employer
- Increased focus on communications and alignment/partnership working across providers in Leeds
- Deliver Local Supported Employment initiative to 60 people with LD (subject to successful bid award from DWP), working with Adult Social Care and 3<sup>rd</sup> Sector.

**37. Priority 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**

37.1 The Trauma Informed Steering Group has had five meetings to date. There is a significant level of interest and commitment city-wide and this approach is inter-generational, spanning the life course. Terms of reference for this new group have been finalised.

37.2 The overall work has a focus on language and the need to support the city as a whole to become trauma aware and trauma informed (TI). A small working group is in place identifying a model of working with people in the spirit of true co-production to create the approach - linking with the work being developed within Children’s Services.

37.3 To date, the local Steering Group has been vibrantly linked into the Regional Trauma Informed Collaborative and this will be further strengthened. An interface is being rapidly developed in juxtaposition with the Children’s and Young People’s TI Steering Group in terms of identifying any gaps and having a robust interface of two joint workshops per annum to ensure strong inter-generational best practice.

37.4 Work is being undertaken at a pace with the Mindful Employer Network, which gives an opportunity for this professional movement to interface with over 300+ groups in the wider network under the Mindful Employer Scheme.

37.5 The professional movement underpinning this programme has established strong links across the City in terms of other key areas of work of influence. Specifically, the Trauma Informed Care Council. The emphasis of the movement is an overarching aim driving forward partnership approaches across Leeds and to have a city-wide appreciation of progress to support any strategic or operational issues affecting developments.

**38. Priority 7: Ensure older people are able to access information, support and appropriate treatment that meet their needs**

38.1 The Older People’s Mental Health Needs Assessment published by Public Health England in 2020 highlighted that older adults are no less likely to experience poor mental health but may be less likely to access and be offered the full range of treatments and support. Research from Age UK during the COVID pandemic also showed that although some older people coped well with the pandemic, a large number found their mental health had worsened.

38.2 The Priority 7 working group does work to deepen the city’s understanding about older peoples’ mental health, influence service capacity and address challenges and opportunities. The group has representation from across older people’s and mental health services, commissioning, third sector providers and social care and focuses on ensuring:

- men mental health services are equitable and accessible for older people
- older peoples services are able to identify and provide appropriate support

- information about mental health is meaningful and available for older people which will include recognising language and terminology used in relation to stigma.

### 38.3 Examples of work currently underway include:

- Using age friendly resources such as the age and dementia friendly business guide and checklist as an audit tool opportunity for mental health services – the guides were produced by Leeds Older Peoples Forum taking learning from the World Health Organisation's Age Friendly Cities framework as part of the Leeds ambition to be the best city to grow old in where people age well. Being an age friendly business or organisation means providing a welcoming and positive experience for all customers, regardless of their age. An age friendly business is accessible, takes people's diverse needs into consideration when planning the physical environment, while also considering the attitudes of employees and how to communicate with customers.
- Understanding and responding to identified training needs of frontline older peoples organisations.
- Building additional resource within Mindwell to specifically reach older people and those who work with them.

## **Covid Mental Health Recovery**

39. A focus on Covid Mental Health Recovery was added to the Mental Health Strategy as a result of national research that showed the impact of the pandemic on the mental health of the population, borne out by local forecast modelling carried out by Public Health and Leeds CCG. This workstream focuses on co-ordinating action to monitor and address the likely (estimated) increased mental health need over the next 3–5 years. It addresses the impact at a population level – sometimes called 'collective trauma' - informed by the needs and experiences of specific groups of people.

40. Mental Health Breakthrough project: The first intervention to be developed will take a local approach to addressing poor mental health in areas of greatest need. The breakthrough project will engage with a range of partners to create positive conditions for good mental health. This will include mental health training and support delivered by local 3<sup>rd</sup> sector partners to people with poor mental health and to wider community members along with action on the wider determinants of mental health including debt and finances.

## **Children and Young People's Mental Health Strategy: Future in Mind**

41. 'Future in Mind: Leeds' is an integrated strategy and its delivery takes place within a whole system approach with strong links to the wider Leeds Mental Health strategy - providing the opportunity to make further progress collaboratively taking a life course approach. The refreshed 'Future in Mind: Leeds Strategy' builds on strong foundations of the All-Age Strategy and delivery over the past seven years; seeking to provide a comprehensive approach to improving the social, emotional and mental health (SEMH) of children and young people in Leeds, with a particular focus on inequalities. This refreshed strategy delivers a commitment for system partners to continue to work together to drive improvements for infants, children and young people's SEMH outcomes. The Health and Wellbeing Board approved the strategy in April 2021 with input from Children and Families Scrutiny Board and a recent update on development in February 2022.

42. This is a strategy with a wide reach, connecting to the Leeds Best Start priority, to give every child the best start in life, in the development and expansion of the infant mental health service. It has a strong preventative and early support focus with programmes and resources for children, young people, parents and professionals, as well as early years and school settings.

Seven key priority areas are identified within the strategy which have been informed by the data and evidence, the voice of children and families, and best practice. The priorities are:

**Priority 1: Prevention** - Children and young people, and their families, communities and schools will be supported to promote and strengthen emotional and mental health.

**Priority 2: Support** - Children and young people will be supported as early as possible, by the right person as close to their home or school as possible.

**Priority 3: Transition** - Transition between services and settings will be joined up and support children and young people's social, emotional and mental health needs.

**Priority 4: Inclusion** - Our education, health and social care systems are inclusive and provide high quality support to the most vulnerable.

**Priority 5: Impact of Trauma** - We will recognise the impact adverse childhood experience can have on mental health across the life course and will focus on establishing a clear offer and response to childhood trauma

**Priority 6: Parent, Carer and Family Support** - Parents, carers and siblings will feel empowered and supported in their role and part of the team

**Priority 7: Health Inequalities** - We will recognise and reduce the impact of health inequalities on children and young people's access, experience and outcomes

## Update on Future in Mind Priorities

43. The following section provides an overview of some of the work undertaken over the past year in the development of the priority areas:

### Prevention

43.1 The Prevention work programme is led by Public Health. Examples of work include:

- Improving awareness of how to access mental health self-help and service information on the MindMate website, by a targeted approach working with Clusters. This is supported by Mate Ambassadors, young people employed to share their personal experiences of mental health to help break down stigma.
- The Health and Wellbeing Service lead a programme of work in schools, including the MindMate Champion programme to improve mental health promotion and support within a setting, and a new School MindMate Ambassador pupil leadership programme. A school-based Resilience programme has been piloted in KS2, following successful implementation in secondary schools.
- Suicide prevention work with young people is being developed in response to risk factors identified in recent national audit. Self-harm is a key risk factor, with work including locally developed staff guidelines and the adaptation of the national evidence-based app Calm Harm to ensure users in Leeds are signposted into local support. Bereavement is another significant risk factor for suicide in young people; those bereaved by suicide can be supported by the Leeds Suicide Bereavement Service, and other bereaved children and young people can access the CBUK Leeds service, both commissioned by LCC.

### Support

43.2 This priority aims to deliver increased access to services so that more children and young people are able to receive the right support at the right time, in the right place and by the right person. Examples of some of the work programmes include:

- Link programme bring bringing together schools and mental health staff. facilitated by the Anna Freud Centre (in partnership with the Department for Education).
- Implementation of the Thrive Framework - an integrated, person centred, and needs led approach to delivering mental health services.
- Development and implementation of the Mental Health Support Teams to provide early intervention for mild to moderate mental health needs, and to promote good mental health and wellbeing in education settings.
- Over last 3 years crisis services have developed with new services launched. Since the start of the COVID-19 pandemic there has been an increase in demand and acuity across services, particularly for those presenting in mental health crisis. The refresh of the workplan for the Crisis care Operational group takes this change into account and will be looking at strengthening our crisis response.
- Reviewing MindMate Single Point of Access working with colleagues in the Local Authority to learn from the Front Door operating model and both strengthening links with the education clusters.

## **Transition**

43.3 Also recognised within the All-Age Mental Health Strategy, this priority focuses on ensuring seamless and joined up transition for young people from children's to adult's services. Work includes:

- Undertaking a relational co-ordination stakeholder survey to understand existing relationships using a sample of core stakeholder partners.
- The workplan will help establish a flexible trauma informed support continuum offer, including prevention, early intervention, treatment, and ongoing holistic support offers for the young people aged 14-25 through embedding the Thrive framework.
- Plans to build on existing service provision to design new service offers, that will effectively integrate into enhancing transition pathways to support wider holistic needs of young adults.

## **Inclusion**

43.4 Led by the inclusion service, this priority focusses on the continued development of integrated pathways, effective SEMH provision in mainstream schools and the role of the cluster targeted support offer. Notable areas of progress during the first year of the strategy include:

- Development of the draft SEND and Inclusion strategy
- Development of a neurodevelopmental focused report by SENDIASS to support understanding of support needs of children and young people and their engagement with local and national third sector organisations as a source of support.
- Significant investment in the neurodevelopmental pathway to address waiting lists that increased significantly during covid against a backdrop of continued increase over several years.

## **Impact of trauma**

43.5 There is increasing recognition of how Adverse Childhood Experiences impact significantly on their later outcomes. This helps move the conversation on from 'what is wrong with this child' to 'what has happened to this child'. Again, this has a direct connection with the All Age Mental Health Strategy, where priority 5 applies across all ages recognising the intergenerational aspect of trauma and the importance of 'Think Family, Work family'. Recent developments under this priority include:

- A children and families multiagency steering group is focusing on work to develop the trauma informed movement, oversee the trauma service development and support working groups to deliver action initially around workforce development and trauma informed education settings.
- The development of a local place-based strategy alongside the WY&H ICS programme strategy.
- Recognition of both the importance of developing our workforce to understand and take a trauma informed approach, and for the need to be mindful of and to support our staff's health and wellbeing.
- The integrated trauma service for children, will be developed to help underpin the trauma informed movement and to provide access to expertise and direct therapeutic support.

### **Parent, carer, and family support**

43.6 This priority includes the embedding of the 'Think Family' approach across all services. It focusses on improving communication with parents and carers, ensuring that they feel 'part of the team'. In the first year this priority is focussing on improving communications when child/young person enters the mental health system, and the MindMate website content in relation to autism.

### **Health Inequalities**

43.7 There are significant health inequalities for children and young people with mental health problems in terms of access, experience, and outcomes. These inequalities strongly relate to deprivation and specific communities, particularly those from diverse community groups. Again, this connects and provides a left shift contribution to priority 2 within the All-Age Mental Health Strategy.

43.8 A new role of Mental Health Ethnic Inequalities Lead (Children and Young People) has been established to work with partners to address the inequalities identified in a local Health Needs Assessment. An ongoing project is supporting Black boys to share their experiences and how these impact on their mental health. A community grants fund for grassroots organisations has also been established.

### **Leeds is a Mentally Healthy City for everyone**

44. To achieve our vision of Leeds being a mentally healthy city for everyone, we need to tackle head-on the factors that increase the risk of poor mental health and invest in the things that we know promote good mental health.

45. The Prevention Concordat for Better Mental Health provides a useful mechanism through which to co-ordinate action – supported by the city's mental health champions. Leadership, expertise and advice into other functions of the NHS, including the Mental Health Care Delivery Board, the Population Health Planning work and the work of Local Care Partnerships (LCPs) will also ensure a strong focus on addressing health inequalities outside of the local authority.

46. Ultimately, achieving our vision requires active engagement across the whole council and the city on issues such as access to safe green spaces, reducing loneliness and isolation, enabling young people to thrive in education, training and employment, tackling racism and discrimination, planning urban spaces for good mental health and supportive workplaces.

47. Whilst taking a universal approach, focussing work on those areas of greatest need will enable us to address mental health inequalities.

## **Recommendations**

### 48. That Executive Board:

- a. notes the content of the report
- b. recognises the current and future challenges around promoting good mental health in the city and that Leeds City Council has invested in programmes of work in the city that promote good mental health and prevent mental ill health
- c. promotes our mental health work across Leeds and contribute to creating conditions for positive mental health in their local communities

## What impact will this proposal have?

**Wards Affected:** all but particularly those categorised as 'deprived Leeds'

Have ward members been consulted?  Yes  No

- 1 Any new initiatives or investment are fully discussed with the Cabinet member for Public Health as part of formal briefing processes.

## What consultation and engagement has taken place?

- 2 Prior to any new initiative there is comprehensive engagement with key stakeholders, partners and people with lived experienced. We also encourage collaborative partnerships by working together to develop approaches to improving mental health.

## What are the resource implications?

- 3 There are no resource implication. This is an update report

## What are the legal implications?

- 4 There are no legal implications

## What are the key risks and how are they being managed?

- 5 This is an update report.

## Does this proposal support the council's 3 Key Pillars?

Inclusive Growth  Health and Wellbeing  Climate Emergency

- 6 Yes, primarily the health and wellbeing pillar but indirectly contributes to Inclusive Growth by having a mentally healthy population.

## Options, timescales and measuring success

### a) What other options were considered?

- 7 N/A – this is an update report

### b) How will success be measured?

- 8 N/A – this is an update report

### c) What is the timetable for implementation?

- 9 N/A – this is an update report

## Appendices

- 10 Equality Assessment

## Background papers

11 None