Insights into Wellbeing and Prevention in Norfolk

A summary of feedback on public mental wellbeing and prevention in Norfolk to inform strategy development: a report for the Public Health Team, Norfolk County Council prepared by Healthwatch Norfolk

Please contact Healthwatch Norfolk if you require an **easy read**; **large print** or a **translated** copy of this report.

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Who we are and what we do

Healthwatch Norfolk is the local consumer champion for anyone using health and social care in the county. Formed in April 2013, as a result of the Health and Social Care Act, we are an independent organisation with statutory powers. The people who make decisions about health and social care services in Norfolk have to listen to local people through us.

We have five main objectives:

1. Gathering the public's views and experiences (good and bad)
2. Paying particular attention to underrepresented groups
3. Showing how we contribute to making services better
4. Contributing to better signposting of services
5. Working with national organisations to help create better services

We are here to help people influence the way that health and social care services are planned and delivered in Norfolk.

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Executive Summary

In autumn 2018, the Norfolk and Waveney Sustainability and Transformation Partnership (STP) commissioned Boston Consulting Group to undertake a review of mental health needs and service provision in Norfolk and Waveney. Following the review, a 10-year Mental Health Strategy was launched including a clear recommendation that more action on the prevention of mental illness was needed, alongside a greater focus on positive wellbeing. In response, a partnership of health and care organisations have come together to develop a public mental health or 'wellbeing and prevention' strategy for the county. Healthwatch Norfolk offered to help by doing a short project to gather insights from stakeholders and local people, to inform the approach and development of the strategy. The work started in September 2018 and was finished by April 2019. The report describes how we went about it and what we found out, with our conclusions producing some recommendations.

Having identified a gap in feedback from adults of working age and young people aged 18 – 25 years, this is where we chose to focus. We employed a mixed methods approach that combined; reviewing our qualitative data, trawling our Feedback Centre, engaging stakeholders in informal conversations, doing a desk-based review of activities supported by local councils, running surveys, doing semi-structured interviews and using our social media networks. We identified 211 comments about wellbeing and prevention, reviewed the qualitative data presented in 22 previous reports, went to 26 meetings holding informal chats with 48 individuals, and collected 72 survey responses plus 56 reviews through 20 face-to-face interviews with young people.

Raising awareness and reducing stigma is universally recognised to be a positive step and a key component of a wellbeing and prevention strategy. Messages for specific communities need to embrace cultural and social influences to prevent misunderstandings. For people of working age, workplace wellbeing is key influencer and many people expressed views on protecting and promoting wellbeing at work. One of the solutions suggested was scaling up the training and developing of workplace Mental Health First Aiders.

It was interesting to note that conversations often moved from wider prevention into early access mental health services. The first impression of a wellbeing service really counts and can make all the difference between staying and participating or never coming back again. People experience wellbeing in different ways and may want their wellbeing offer to be localised to their community.

Young people described the period of vulnerability when put on a waiting list or during the time spent 'between services'. Some are particularly vulnerable if they don't have access to a social network. Social networks are highly valued by young people, especially at the end of an intervention or when statutory service support finishes. Young people alluded to the benefits of 'light touch' services that help them manage their own wellbeing. Such light touch services included the arts, mindfulness activities and sports. Online messaging might work particularly well for young people.

Both adults of working age and young people reported finding the larger group-style approach of statutory wellbeing services to be extremely off-putting. Also in common was the expressed need for access to good quality information, advice and support for wellbeing. Neither group feels that existing NHS wellbeing services are much good at 'listening' to people.

The local district and borough councils in Norfolk are all commissioning, funding or supporting a range of mental wellbeing services and activities in their local areas. All councils in Norfolk have the potential to have a positive impact on the wellbeing of local people and this should not be overlooked in developing a wellbeing strategy, particular in respect of developing a local wellbeing offer and pathways in and out.

Stakeholders described feeling frustrated at the perceived lack of prioritisation for wellbeing in the face of challenges within mental health crisis services. There was however, much enthusiasm for future collaborative working on prevention and wellbeing. Co-production of a wellbeing and prevention strategy was deemed an excellent idea as was the co-production of the local wellbeing offer aligned to the emerging Primary Care Networks.

Recommendations for the strategy

1. Awareness raising about wellbeing and wellbeing services, plus reducing stigma through communication campaigns could be a component of a Wellbeing and Prevention Strategy.
2. First impressions of Wellbeing Services count. The strategy could promote co-designing the 'doorway' to wellbeing services with the people who are using them.
3. Consider shaping the strategy and actions arising from it around localities or communities.
4. Consider using the 5 Ways to Wellbeing as the framework for the strategy.
5. Consider co-producing the Norfolk Wellbeing and Prevention Strategy with partners and local people.
6. The strategy could promote the co-production of the local 'wellbeing offer' aligned to each Primary Care Network.

Recommendations for young people

7. Time spent in between contact with services, such as when an individual is on a waiting list, was highlighted as a precarious point for young adults, where mental health problems are at risk of becoming more severe. Likewise, interviewees stressed the importance of having an accessible support network (such as social groups, support groups or volunteering opportunities) available to them after they had come to the end of their intervention.
8. Although existing interventions such as CBT and counselling ran by NSFT were reported to have benefitted some respondents, young people felt that the service offer for the mainstream pathway through the wellbeing service was too narrow,

and that CBT was not suitable for everyone. Many alluded to alternative 'lighter-touch' services or activities that had enabled them to manage their own wellbeing. Survey respondents listed examples such as, mindfulness, arts and sport, amongst other suggestions.

9. Lecture-style group sessions in their current format generally don't benefit attendees, and have in some instances aggravated symptoms of mental ill-health. Group environments do however have the potential to foster confidence and wellbeing in young adults, particularly when they are less prescriptive in content, and include some element of peer support/lived experience.

10. In order to make services more accessible and encourage young people to seek support earlier with their mental health, online messaging options could prove a valuable outlet for service providers.

11. Service users approved of having information, advice and support around wider determinants of poor mental health readily available to them upon their first interaction with a service. Key areas of concern that emerged included: finance, housing, substance misuse, social relationships, educational pressures and body image.

12. Young people don't always feel listened to by NHS practitioners, or feel as though they have options regarding what kind of treatment they receive.

13. Mental health professionals both within the NHS and who work for external organisations have difficulty understanding the full breadth of mental health provision across the county. Professionals would benefit from an informational asset that could compressively outline mental health networks in Norfolk, and which is both geographically accurate and up-to-date with current provision.

14. Local councils are making a contribution to wellbeing in their communities. Give consideration to the contribution of all local authorities in promoting wellbeing and supporting prevention.

1. Introduction

In autumn 2018, the Norfolk and Waveney Sustainability and Transformation Partnership (STP) commissioned Boston Consulting Group to undertake a review of mental health needs and service provision in Norfolk. Following the review, a 10-year Mental Health Strategy was launched with a clear recommendation that more action on the prevention of mental illness was needed, alongside a greater focus on positive wellbeing. In response, a partnership of health and care organisations have come together to develop a public mental health or 'wellbeing and prevention' strategy for the county. Healthwatch Norfolk offered to help by doing a short project to gather insights from stakeholders and local people, to inform the approach and development of the strategy.

2. Approach

We started work in September 2018. When thinking about our approach, we wanted to focus our energy on where we could add value to the existing knowledge base. We reviewed our existing, published work on mental health and the gaps in our information, then following discussions with the public health team, arrived at a focus on **adults of working age** and **young people** (aged 18 to 25 years).

The framework for our approach included work places and educational establishments as a setting. We used a mixed methods approach which included:
- Reviewing our qualitative data and mining our Feedback Centre to identify and collate feedback on 'wellbeing' and 'prevention'
- Carrying out engagement through informal conversations with our partners and networks on approaches to strategy development and potential areas of focus
- Conducting a desk-based review of activities commissioned, funded or supported by local District and Borough Local Authorities in Norfolk
- Running a survey[1] for and doing semi-structured interviews with young people
- Using social media to capture people's views wellbeing

We had originally intended to conduct a survey aimed at adults in Norfolk, to capture views on the best (preferred) approach to developing a public mental wellbeing strategy. This intent was superseded by the actions of the Norfolk & Waveney Sustainability and Transformation Partnership (STP) in commissioning an extensive programme of work commissioned. This programme of work was delivered by the Boston Consulting Group and included a review plus a mental health needs assessment. Following the review, STP partners carried out consultation and engagement on the development of a '10-Year Mental Health Strategy for Norfolk'. We decided that running another public survey within the same period was likely to be confusing and unhelpful.

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[1] In addition to the survey, we had extensively planned for focus groups. Due to extenuating circumstances, these had to be delayed but will be taking place before early summer 2019.

3. Findings

Part A Existing Insight

A.1. Approach

Routinely we gather our feedback in a variety of ways, either pro-actively going out to find and listen to people or by receiving information and queries. This is done using a number of different channels or routes, for example:

Telephone enquiries to our Freephone 0808 number	Feedback submitted via our Online Feedback Centre	Conversations during our face to face engagement
Going to patient, service user or public forums	Email enquiries to our Enquiries Inbox	Reporting from our team of Volunteers
Enter & View visits	In person at our AGM	By letter (post)
Through our social networks e.g. Facebook, twitter etc		
Through our networking with providers, commissioners, statutory, voluntary and community sector partners		

We searched these sources of information, using the terms "wellbeing" and "prevention". In doing so, we identified 211 comments about wellbeing and prevention (April 2018 – March 2019).

We also took a look back over some of our previous work where we have put the spotlight on mental health or where mental health has been raised in relation to another service, setting or community. Since 2013, Healthwatch Norfolk has undertaken over 50 projects on specific services, health or social care topics or communities of interest. Twenty two[2] of the 50 projects have had a specific focus on mental health and many others report findings associated with the impact of health and care issues upon wellbeing and mental illness.

We used search streams on Facebook and Twitter and conducted snap opinion polls.

In reviewing the mental health comments plus 22 projects and seeking opinions through our social networks, these recurring themes on wellbeing and prevention were revealed:

- Raising awareness and reducing stigma
- Easy access to inform on help and support
- First impressions of wellbeing services matter
- Access to wellbeing in your own neighbourhood
- Social and cultural wellbeing influences
- Being with people you love and doing the things you love is the way to wellbeing

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[2] E.g. CAMHs Tiers 1 to 4, Adult Acute Services, Dementia Services, and Maternity Services also, people experiencing homelessness, veterans, migrant workers, people with physical disabilities, people with learning disabilities, carers.

A.2 Themes

Each of these themes are best described through feedback comments about local health and care services and by quotes taken from previous project conversations.

🍀 *Raising awareness and reducing stigma*

Public campaigns can help to raise awareness and encourage people to be open and speak more freely about their state of mind, mood and happiness. Where statutory organisations can plan and join together in amplifying campaigns, this might be a useful component of a strategy:

> *"Struggle and pain is real. We've all been there on some level or another."*
>
> Dwayne 'The Rock' Johnson

"The attitude of some organisations and their employees can be terrible. Our neighbourhood has had a lot of pressure and judgement because of their mental illness. And this is people like his landlord and even financial institutions. I often think about what if that were my son? Poor attitudes don't help people talk about mental health like any other illness or disease. You might get ill, you probably get better. Many people do get better just like a broken leg mends. Illness is normal and its part of life. Mental health and illness is just the same."

"We do notice the campaigns when they're running, like Time to Change and World Mental Health Day. Campaigns like that are good. Just getting on people's minds."

"There's been an ad about a guy with a big bear on his back, or something like that. I listen to Kiss FM and heard it there. What's it's basically saying is ask your mate if he's OK if he doesn't seem himself or having a bad day. You should ask twice because he might say something then. That saves people."

> *"I have anxiety, I've always had anxiety. Both in the light-hearted 'I'm anxious about this kind of thing', and I've been to the depths of the darker end of the spectrum, which is not fun."*
>
> Ryan Reynolds

### Easy access to information on help and support

One of the comments that Healthwatch Norfolk heard frequently was around the need for access to good quality and accurate information on local services. This is also true for wellbeing and prevention services, especially for people who are looking for support because they feel they can't achieve change or feel better by going it alone. Easy access to information[3] could be part of a strategy:

"I don't feel that the support available is promoted enough. You never see how you can get in touch."

"Support is there but you have to push hard to find it. I have had to find a lot of things out by myself before I get too stressed but that's when you need it most"

"I'm not quite sure what wellbeing help and support is available. Maybe this needs to have much more awareness?"

"When you're not in a good place it doesn't seem very easy to get help. I think they need to publicise it more. It's okay to talk to someone."

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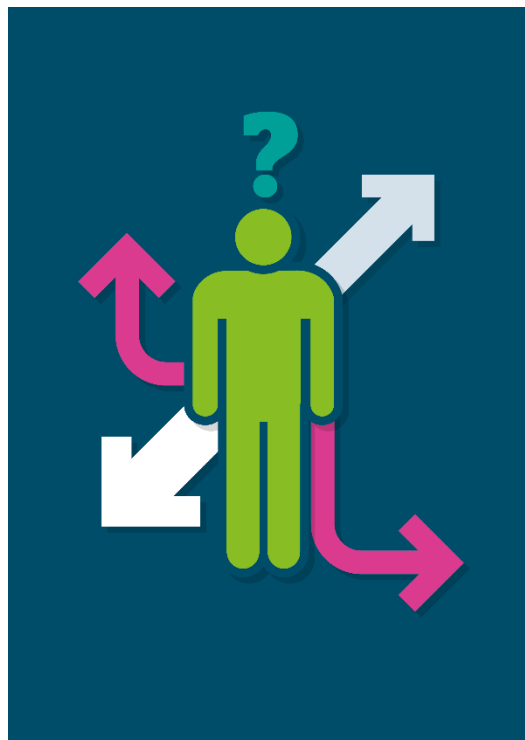
[3] This issue of communication and information about mental health and wellbeing services was raised and noted during the Mental Health Review and consultation in autumn 2018.

First impressions of wellbeing services matter

If people are ready to talk or seek help, or want or need help and can find information, the first impressions of a wellbeing activity or services really count. It can make the difference between attending or participating regularly then feeling the benefit, or never going back again:

"Firstly, I was surprised to find out that the doctor couldn't refer to me to the wellbeing service, I had to get in touch with them myself. Once I did get in touch I discovered that the waiting lists for any kind of initial support was over six months... When I eventually got to see someone, it was as part of a group session, which for someone with moderate anxiety and depression is not the best environment. I continued with the course anyway, and also had the opportunity to speak to psychological wellbeing practitioners at the service on a one-to-one basis. However, everything was based around the concept of CBT, and I was never able to see the same person more than once. I can see how that would work for some people, but I didn't find them very helpful myself. I think the kind of treatment you need depends on your personality; I needed more ongoing personal support, but options like that just weren't available."

"When I first made contact with the wellbeing group in 2015 they sent me to a 'group session' at the Forum library. I don't know what I was expecting, but I sat down and they just spoke at a group of us for a long time, all sat in rows like a lecture theatre. The environment wasn't good, it made me really anxious."

"I self-referred into Wellbeing service because I suffer from anxiety and agoraphobia. They gave me a half an hour assessment, then offered me group sessions at a busy centre. I tried to explain that I was agoraphobic and wouldn't be comfortable attending but they didn't offer me much other support. I ended up going to mind instead."

"I attended a mental wellbeing course that met in Yarmouth Library, which wasn't a positive experience. It felt really robotic, and void of sincerity. We received lots of different vague advice about how to look after ourselves which wasn't particularly useful. The only good thing were the amount of leaflets that explained different mental health conditions and mechanisms for coping."

"I was given information about the Wellbeing service from my surgery. When I tried to contact them they said that there was an 8 week wait. I thought in that time I would feel better! I didn't pursue it, I don't feel any better and nothing is happening now."

"The options that I was given by the wellbeing service were very limited. They didn't listen to me, and wanted me to attend a group session which I really didn't feel comfortable with. They wouldn't even entertain any other types of therapy, it's like they've got a script that they have to stick to - my desires weren't listened to at all."

🍃 *Access to wellbeing in your own neighbourhood*

Whilst not everyone wants or needs to have a wellbeing 'offer' (whatever that might look like) on their doorstep, some people think that having something available locally is helpful. Perhaps a wellbeing strategy could consider approaches structured around localities or communities, aligning possibly to Local Delivery Groups and the emerging Primary Care Networks:

"What I really wanted was somebody to chat to every week about what was on my mind, not necessarily to offer 'interventions'. That's always what I really wanted, but no one ever listened."

"Nothing is available to me in rural areas - no groups or anything. I struggle to find anything."

"I ended up just speaking to strangers on the phone, and answering the same sort of questions. They would ask me if I had any friends in my village to talk to. Not very helpful for me."

"All the wellbeing stuff can't just be offered in the city or the bigger towns like Yarmouth and King's Lynn. That might be great but it's not great for me. It's a two mile walk into the village alone".

"I had a one to one meeting in Cromer about what I would need but they referred me to a service in Norwich that never got back to me and I wouldn't have been able to get them anyway, so my depression has just gotten worse. Service provision in North Walsham is poor. I'm on anti-depressants and I've had no further contact from any one."

"When you live in the countryside, you are just the same as everyone else. Looking after your mental health is no different, it just seems like you have to travel further to get help. I think that could seriously put you off if you were looking for the first time especially".

"Wellbeing can be created through doing things you love. It might be the chance of doing more social activities, more opportunities to join in ordinary stuff that other people do so you feel accepted but that you can contribute to someone as well."

"Any kind of activity where it takes your mind of yourself for a bit. For me, if it was fairly nearby...close to get to...I would have less excuse not to go...I think people in this area are fairly welcoming of everybody no matter your background or situation. Other people might not want to get involved in community activities because they might not want people 'knowing their business' and that's OK of course. I think local stuff helps you feel more safe. More connected."

Social and cultural wellbeing influences

When thinking about communication campaigns, taking note of the comments on social and cultural influences is key. Core assumptions and messages could be tested with a variety of audiences (or communities) and tailored where needed prior to launch:

"In many African communities for example - it is more likely that someone will go to the doctor with depression but describe it in physical terms-as there is no word for depression. People will say they have issue with their head but they're not in pain. Which is very difficult to diagnose with a) the language barrier and b) amount of time you have to see your GP."

"There is a huge fear around admitting mental health issues for fear of being ostracised from the community - which is common."

"It is worth understanding that culturally if there was something wrong you would go to one, Elders in the community or two, Clergy in the community and then the doctor or health professional if there is one in the community - so people do not understand the system here at all."

"It is really difficult for a woman to be heard and her needs not being dismissed as just emotions or hormones."

"There is not a lot of knowledge in the community about it. People are not unkind or uncaring but they can be afraid sometimes."

🍃 Being with people you love and doing the things you love is the way to wellbeing

The search streams on "mental health", "wellbeing" and "stress" gave a flavour of what people are talking about:

"Sleep is vital for good physical and mental health"

"Today is a massive day for me. Starting my 1st counselling session. Dealing with mental health issues is a big thing and don't be afraid to talk. It's taken me a long while but I'm finally here and ready. I no it's a long road but I'm ready to start walking it."

"Recharging is key, not only for wellbeing! So many ideas I've had have been from leisure reading/exercising/times my brain is otherwise engaged."

"Everybody needs to take a week off at some point. One where you don't do anything work related. The stress that has been lifted from me is amazing."
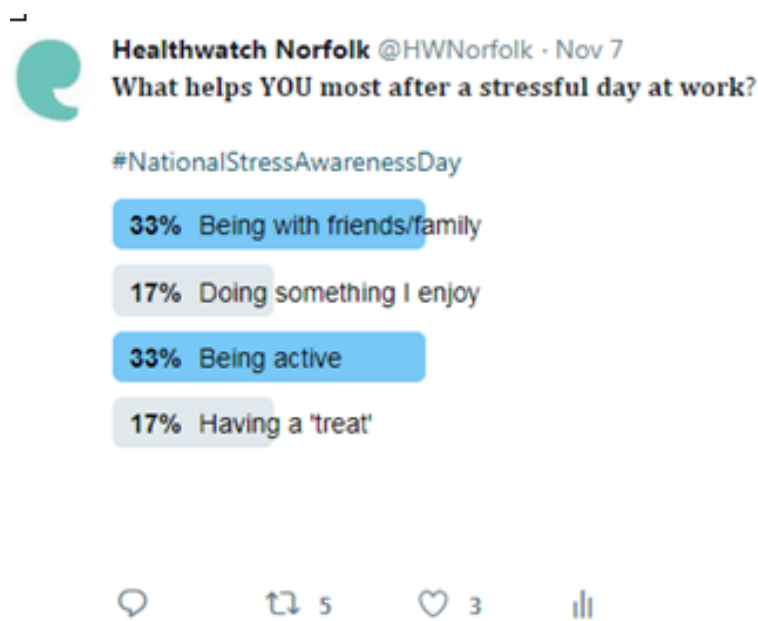
"Have a clear #goal - it can focus the mind and reduce stress, thus avoiding #entrepreneur burnout."

"The older I get, the more I realise I don't want to be around drama, conflict or stress. I want a long run, good food and to be surrounded by happy people."

We asked people to tell us what they do when they are feeling stressed or anxious. We carried out a simple twitter poll, asking people what they do after a stressful day at work (results below).

Being with friends and family and being active came out on top.

We think this resonates with the **5 Ways to Wellbeing**, which could be potentially be the framework or scaffolding of a Wellbeing and Prevention Strategy.

Healthwatch Norfolk @HWNorfolk · Nov 7
What helps YOU most after a stressful day at work?

#NationalStressAwarenessDay

33% Being with friends/family

17% Doing something I enjoy

33% Being active

17% Having a 'treat'

A.3. Conclusions and Recommendations

- Awareness raising about wellbeing and wellbeing services, plus reducing stigma through communication campaigns could be a component of a Wellbeing and Prevention Strategy.

- First impressions of Wellbeing Services count. The strategy could promote co-designing the 'doorway' to wellbeing services with the people who are using them.

- Consider shaping the strategy and actions arising from it around localities or communities.

- Consider using the 5 Ways to Wellbeing as the framework for the strategy.

Connect

Be active

Take notice

Keep learnng

Give
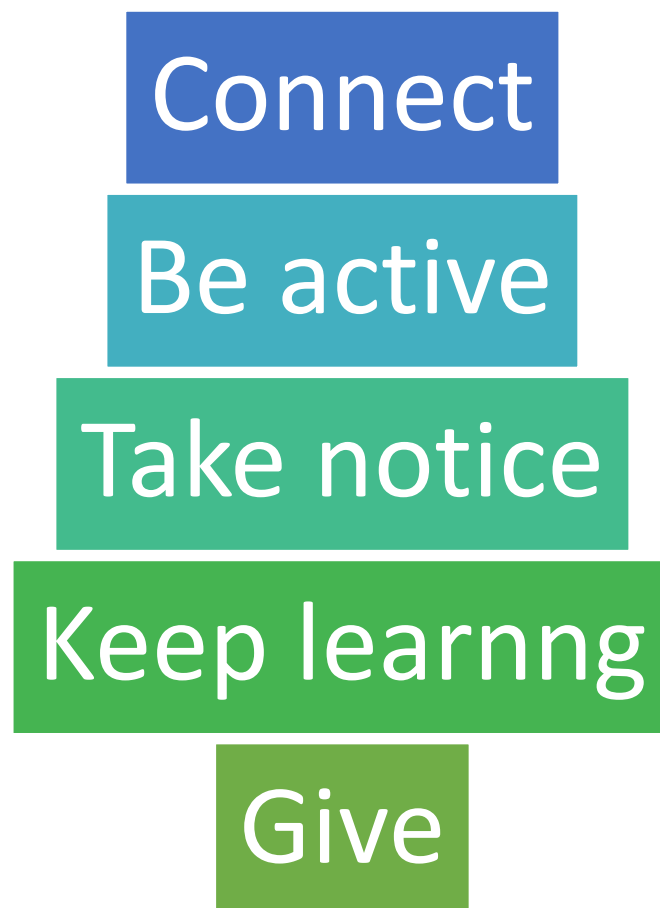
Part B Stakeholders Insight

B.1 Approach

For this piece of the project, we decided to do face to face conversations, having informal chats with people working or volunteering for health and care organisations in Norfolk. We aimed to glean some of the insights from people who have been living or working in the county, into what they thought might be a useful approach to developing a public mental health strategy for the county.

We did this through attending 26 different meetings and forums held across Norfolk and Waveney between 1st October 2018 and 27th March 2019. By doing so, we could go to meet and listen to the public, patients, service users and both statutory and voluntary and community sector providers e.g. consultation events, patient and public involvement forums, Norfolk and Waveney STP events and so on. This proved to be very productive. We also requested meetings with representatives from larger NHS Trusts and the Top 100 employers in Norfolk, sadly however, this approach somewhat less successful. In total we spoke with around 48 individuals.

B.2 Themes

Firstly, many people said that experiencing a period of anxiety or depression was more common that people might think and we should all recognise that we all need to look after our mental health.

"I think we all agree - in fact more than that we know from the evidence - that the common mental health conditions are leading cause of ill-health...and the impact can be substantial when you're thinking about years of life lived with disability through mental ill-health. We know that conditions like anxiety and depression are very common and they have a big impact."

It was universally accepted that 'prevention was better than cure'. Some partners in the voluntary and community sector felt that the wellbeing prevention agenda had been overlooked – or deprioritised - in recent years and in fact, the thinking of commissioners had turned away from prevention towards crisis management because of the performance of local NHS mental health services. This was acknowledged to be unavoidable in the circumstances however, a return to thinking more holistically would be welcomed.

On a related note, many people continued to be highly dissatisfied with the level of funding allocated to mental health services, as compared to other services. A majority noted they had seen little evidence to encourage them that an investment in mental wellbeing and prevention was being made locally.

These are themes that came up frequently during the conversations we had, in terms of solutions and thinking about a wellbeing and prevention strategy:

- Workplace wellbeing and workplace Mental Health First Aid
- Physical health is still important
- Asset and ability based thinking
- Co-production, co-production, co-production

Workplace wellbeing and workplace Mental Health First Aid

The benefits of thinking about the wellbeing of people in the workplace was described as multiple, for individuals as well as employers. We were told about many different approaches, from leadership culture, policy development, training and development to practical activities either offered at work or offered through the workplace:

"We offer workplace wellbeing MOTs for anyone that wants one. We've found an independent psychologist to do these for us and they're really popular. It was slow to start with but once a few people had one – particularly the senior managers – it sped up after that. It's part of how we show we're a responsible employer but also a pro-active and open employer as well."

"I work freelance and I offer to come in and start up workplace running groups. Anyone can join in, even if you've never really been running in your life. I work with people one to one on their goals and their fitness and the more experienced runners are really great with supporting those who are just starting, it's great to watch it happen. People tell me it's been transformational for them…their fitness, breathing, concentration levels and just…wellbeing."

"We have a lot on offer, most of which staff have put together themselves. We got a Health and Wellbeing Group, we've got running groups, a Couch To 5K group, we have Pilates and yoga."

"Many departments have their own wellbeing groups. Some do coffee and chat once a week, a casual drop-in."

"Our staff having training in mediation and resilience, which is part of our Compassionate Leadership culture. We also have purchased Occupational Health support plus pay for a physiotherapist to be available to staff for half a day every week."

"What does a wellbeing workforce look like? All sorts of people can be having an impact and making a difference at a practical level. It's just how we capture that. Also, what does a resilient workforce look like these days? Let's hope we've moved from traditional thinking, towards embracing the many roles people have and how they are

contributing to mental wellbeing and preventing ill-health. They could be employed, self-employed, an unpaid carer, a paid carer, a volunteer, and so on."

"We have a policy that allows our employees to have three volunteering days a year. They get to choose who or what they volunteer for."

The attitude and practices of employers can potentially have a significant impact on employees' wellbeing.

Ryan, 25 years old, employed

"In my last job I really liked the work and got on with most of my colleagues, but the way they handled my mental health issues was shocking. Their attitude was very much 'come into work and leave your sh*t at home'. I felt really dismissed by my line manager, like when I tried to talk about my mental health it was just bypassed. It sent me into a downward spiral which eventually led to my mental health deteriorating and needing help from the IAPT[4] team.

Once I was under their care, I quickly found that they don't cater for people who work full-time. They wanted to see me for long sessions on a week day and expected me to drop everything I was doing, which just wasn't possible. My employer at the time used to operate a really strict attendance policy, whereby if you took too many days off in close succession you would get a warning, or even be dismissed. I simply couldn't take every Friday off to attend therapy.

I think all work complexes should have a trained professional on site who deals with the business in their patch. If that's not possible then employers should at least arrange regular visits from therapists and counsellors, who could speak to those that need them, but also educate managers about how to support employees."

Linked to workplace wellbeing policies and initiatives, Mental Health First Aid[5] was also raised. Whilst widely regarded as a very good training aspiration for staff and a solid policy for organisational development, not everyone felt they had sufficient access to Mental Health First Aid training. Voluntary and community sector organisations were the most likely to say that they could not afford to send many staff on the training.

"Get Mental Health First Aiders in place and give them lots of support"

"Workplace wellbeing is a state of mind – from the bottom of the organisation to the top"

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[4] IAPT means Improved Access to Psychological Therapies.
[5] Some of the team at Healthwatch Norfolk are now trained Mental Health First Aiders and more want to be trained.

There were lots of suggestions made regarding the place of workplace wellbeing in a wellbeing and prevention strategy and here are a few of them:

- Encourage development of workplace wellbeing policies, through the offer of training and support
- Promote the concept Workplace Wellbeing Champions – at any level in your organisation
- Happy employees are productive employees; there are many benefits to implementing workplace wellbeing
- Encourage uptake of Mental Health First Aid training and increasing the numbers of Mental Health First Aiders in the workplace

- Physical health is still important

Whilst the topic of conversation was predominantly about mental wellbeing, the subject of physical health came with many people holding the view the two go hand and hand:

"Don't forget to check on the physical health of the person you're talking to or supporting. They may be pre-occupied because of how they are feeling and probably less able to take care of their physical health because they have other things going on."

"There's lots of talk about self-care but you're less able to self-care if you're stressed, anxious or depressed. Living with diabetes can be life changing. So you kinda want to self-care. But physical health conditions affect your mental wellbeing and vice versa. I think people living with conditions like diabetes need psychological support to build into their annual review, or education programmes or self-care sessions. A lot of this stuff is mental, not just physical."

"It's good if people can get out and be active. Whatever you do, get active. Get out of the house – it's puts a smile back on your face. For me, it's running. Running saved my life".

"Can you do mental health checks or MOTs at the same time as doing the other kinds of health check-ups? Doesn't it make sense to put the two things together…?"

- Asset and ability based thinking

When putting together a strategy for wellbeing and prevention, stakeholders said that their needs to be an asset based approach, a full consideration of 'what's out there' in terms of potential and not just trying to identify the gaps in service. Also, people with mental illness have a powerful insight into wellbeing and prevention and many are comfortable with sharing their stories and supporting others.

"Ability thinking. Not just starting with disability and what people can't do because of their disability. Start with what people can do."

"Use asset mapping approaches. There's a huge amount going on in neighbourhoods and communities which people can tap into. There's a whole movement behind ending loneliness and isolation, the key is getting people together, making connections. You don't need to be a city or town for that to happen. It can happen all around but it's tricky if you are feeling anxious, have social anxiety or you've lost people close to you. Wellbeing hubs and services, and all the smaller organisations networked to them, can reach out to people in many different ways. Either drawing them into something – if that's what they want – or trying to bring something out to them. It's about being connected".

"The strategy could set out to change the way people see things, what assets we've actually got in our communities and how we can use them to promote positive mental health and wellbeing."

"It could be like Dementia-Friendly communities – but should be much bigger than that – which is an initiative that has been quite successful in some areas. We should be asking ourselves, how mental health friendly are we."

"The strategy should be about building mental health friendly communities. It all starts there…the stigma, the prevention…"

Co-production, co-production, co-production

People with learning disabilities said you need to **think big** in a strategy. Everyone has something to offer. It would be a good idea to use **co-production** to make the strategy together. They also said:

- Listen to me
- Don't judge me
- Treat me like a person
- I still have my life
- Be Happy

"Co-production is the way to go. Not just a nod to a consultation or engagement, but the real thing, with people, service users, stakeholders, commissioners and providers all around the table as equal partners."

"Local people should be involved in designing their own local pathways. Whether it's the Early Help Hubs or through social prescribing or something similar, each locality or area is different so you might need a different set up. Help and support for wellbeing and prevention might need to contain some identical core components but also, at a much smaller geographical level, what's in and what's out is definitely going to differ because you've got different VCS organisations operating in different patches plus of

course different local businesses and facilities like council run leisure centres, gyms, colleges, sport, volunteering opportunities and so on."

For those who had already been involved in the Norfolk and Waveney STP Mental Health Review and consultation, a wellbeing and prevention strategy was seen as a continuation of that work. There was a strongly expressed sentiment, however, that future work should be done more collaboratively than previously. Also, the Norfolk and Waveney STP presents many future potential opportunities in terms of joint working, for designing new systems, pathways and services. This was deemed to be especially true of the emerging Primary Care Networks and the model of mental health service – including prevention and wellbeing - being wrapped around each one.
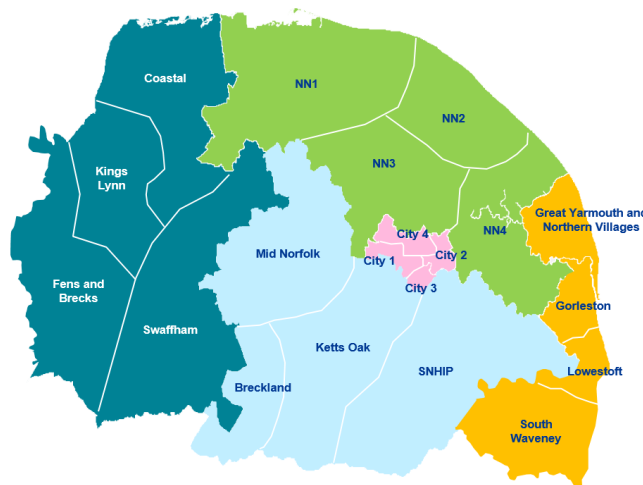
Primary Care Networks in Norfolk and Waveney

"The STP Primary and Community Care Prevention group. There should be a natural link there…"

"Primary Care Networks provide a huge opportunity for co-production with people, not just service providers and clinicians."

B.3. Conclusions and Recommendations

- Consider co-producing the Norfolk Wellbeing and Prevention Strategy with partners and local people.

- The strategy could promote the co-production of the local 'wellbeing offer' aligned to each Primary Care Network.
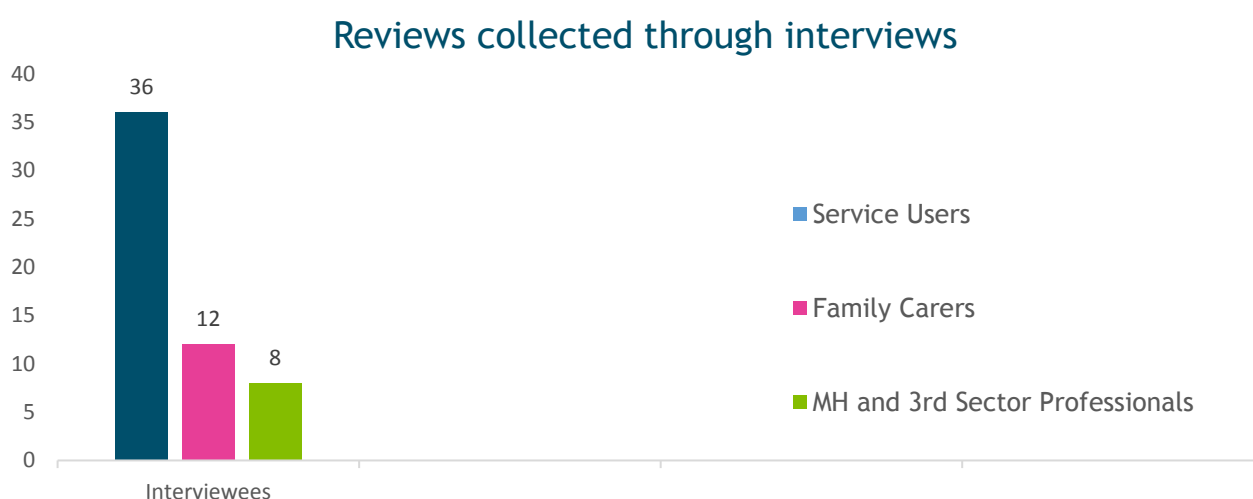
Part C Young People

C.1.Approach

Who did we speak to?

Our primary objective was to engage with young people who live in Norfolk, aged between 18 and 25. Moreover, we endeavoured to talk not only to young people themselves, but also to family members and professionals that work in mental health. The motivation behind this approach was that by speaking to people in caring and operational roles, we would be able to collect information relating not only to people's experience at the point of care, but also hear what has been useful in terms of supporting individuals and delivering treatment.

How did we collect information?

C.1.1 Semi-structured Interviews

When conducting interviews, HWN's engagement team loosely based semi-structured interviews around treatment pathways, questioning participants about their experience from the point they first presented at a service, through to referral, treatment, and discharge. Engaging in this manner produced data that was easily comparable between reviews, but also flexible enough that questioning was open-ended enough to capture the varied experiences of the sample group. In total, HWN conducted over 20 face-to-face interviews about young people's mental health, capturing a total of 56 reviews of services.

Reviews collected through interviews

C.2 Survey

In order to supplement the findings from our face-to-face engagement, HWN published a short survey about young people's mental health. Similarly to our undertaking of semi-structured interviews, the survey aimed to achieve feedback relating to population experience of mental health services in Norfolk, exploring themes of access, care

settings and information and advice. The survey aimed to provide a comparative dataset which could be used to validate or oppose the findings of our face-to-face engagement.

Contrary to interview methodology, a portion of the survey was designed with the objective of producing measurable insight in to wider pressures on young person's mental health. In exploring such areas, HWN intended that commissioners and service providers could consult findings to further understand the root causes of mental ill-health in Norfolk's young adult population.

A further objective was to make our research as representative as possible, by capturing the views of hard-to-reach, yet demographically significant groups, such as university students.

C.3 Methodological Considerations

- Survey conclusions were drawn from a cohort of 72 respondents that completed the survey. Although these responses still produce actionable insight, they only provide a snapshot of young adult opinion in Norfolk. It is conceivable that had HWN ran a more in-depth study, results might have produced slightly different outcomes.

- 89% of respondents were female, meaning that the views of young males were are not significantly represented in survey results.

- HWN published the survey widely across digital platforms, offering no incentive for participation. Hence, it is plausible that people who completed the survey likely had a personal interest in engaging, such as having accessed services themselves in the past. Therefore, HWN cannot assure that results are representative of the general young adult population in Norfolk, although still provide valuable insight relevant to the current challenges facing mental health provision in the county.

C.4 Key Findings

Pressures on young people's mental health

Medication, talking therapies and psychological treatments go a long way in aiding people's recovery from mental health problems. However, whether you are a young a person or not, challenges in navigating everyday life exist that are bound to impact your mental health.

Young people, family members and professionals that engaged with us through interviews spoke not only of the treatment they had received, but also of the gaps in wider social provision, which they perceived to have had an adverse effect on their wellbeing. Frequently, young people cited the absence of practical advice relating to

issues such as housing, benefits, employment, relationships, substance misuse, etc, as predominant pressures they face.

C.4.1 Employment, finances and welfare

*"There is a lack of practical money and welfare advice around, which exacerbates problems. The CAB in Fakenham where we operate is only open twice a week, and people generally aren't aware that council can offer financial support. Maybe NSFT should cooperate more with Norfolk councils to address this." – **Third Sector Support Worker**￼*

*"The Mancroft Advisory Project (MAP) job club has been really useful in helping me to find work after a terrible period of mental health difficulties. I'm sad that next year I'll be too old to access their services, but I'll definitely be stopping by to say hello to all the staff who have taken time to listen to me over the years." – **MAP Service user**￼*

C. 4.2 Housing

Interviewees also highlighted housing an area of concern:

*"Once I managed to get a social home, it was in disrepair. It really wasn't up to scratch but when I reported it nothing happened. I was living on my own after my friend moved out, and the state of the house also made my depression worse - things got really bad during that time." – **Former N&W Wellbeing Service User***

At times when practical advice has been available alongside mental health support, interviewees reported feeling more optimistic:

*"Going in to the YMCA has been helpful for me. I haven't been there long, but I've got my own space now and I think it's going to be really good. The people there are really supportive, but I also feel like I've got my own independence and am supporting myself in a way. If you're a resident there you can find all sorts of advice around housing, employment, mental health services. All that practical stuff in one place is good. I think I'd like some support around drugs as well if possible." – **YMCA Resident***

A common theme that is demonstrable throughout our interviews is that of *gaining independence*. When considering provision that will support young people's wellbeing, welfare and practical advice that enables independent living should be of parallel importance to primary treatment options to those designing future services. It is also necessary that individuals are aware that such advice exists, and that it is offered alongside – not after – mental health interventions.

C.4.3 Pressures on mental health: Findings from survey

The results of our survey also produced some insight around pressures facing young people's mental health. HWN asked the question: *From the list below, please indicate how much each factor has impacted on your mental health in recent years, where 1 = not at all, and 10 = impacted significantly.*

From the options provided by HWN, the four considerations that participants said impacted most significantly on their mental health (ranked by mean average) were, educational pressures, personal finances, social relationships and body image.

Pressures impacting on mental health

	Educational Pressures	Body Image	Social Relationships	Personal Finances
Value	7.9	7.82	7.35	6.9
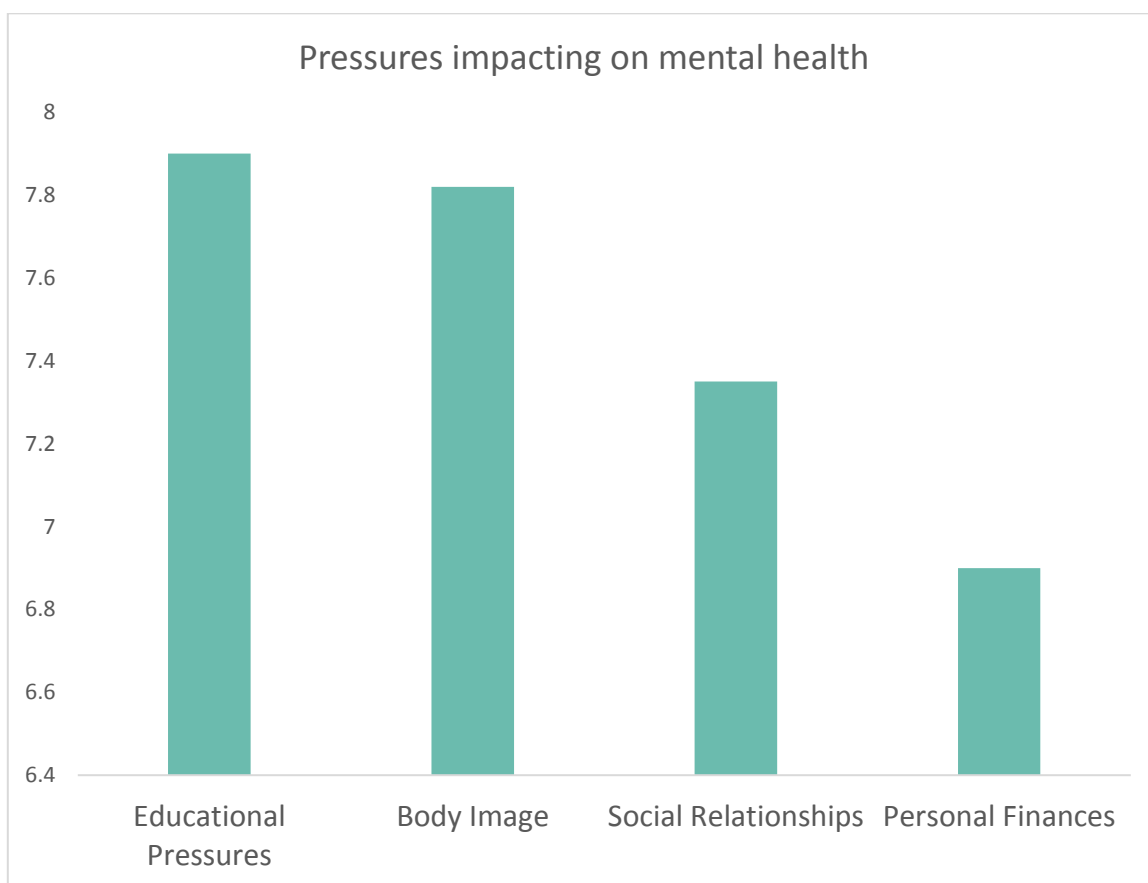
Mean average (out of 10)

C.5. Access and treatment

Many young people expressed frustration at lengthy waiting times for services such as IAPT and university support services. During their time on a waiting list, some young people were not offered any interim support, leading to a deterioration in their wellbeing.

This notion was further affirmed by answers provided by survey respondents. Of the 51 who had experienced using mental health services in Norfolk, 86% said that their mental

health had deteriorated – or somewhat deteriorated - during their time waiting for treatment (see below).

During the time waiting to see a mental health professional, my mental health deteriorated			Response Percent	Response Total
1	Not true		0.0%	0
2	Not entirely true		7.8%	4
3	Neither true nor false		5.9%	3
4	Somewhat true		27.5%	14
5	True		58.8%	30
Analysis	Mean: 4.37 Std. Deviation: 0.91 Satisfaction Rate: 84.31 Variance: 0.82 Std. Error: 0.13		answered	51

Concerns were also raised regarding the rigidity of appointment systems, which some interviewees claimed to not workable around employment or study. The idea of making support more accessible by providing it outside of clinical settings, with more consideration of recipient's work/educational commitments was raised repeatedly. The following case studies from interviewees in full-time employment and full-time education respectively illustrate some of the barriers young people face in engaging with programmes of support.

Case Study 1: Adam, 25, Unemployed

Adam started experiencing an episode of poor mental health whilst working full-time, which eventually led to him losing his job. The strain placed on Adam by performance expectation and long hours at work meant that his ability to take days off to attend appointments was very limited. Here, he explains how support either from within his organisation, or closer to work, would have made it easier to access support.

"Once I was under the care of the IAPT team, I quickly found that they don't cater for people who work full-time. They wanted to see me for long sessions on a week day, and expected me to drop everything I was doing, which just wasn't possible. My employer at the time used to operate a really strict attendance policy, whereby if you took too many days off in close succession you would get a warning, or even be dismissed. I simply couldn't take every Friday off to speak to attend therapy.

I think all work complexes should have a trained professional on site who deals with the businesses in their patch. If that's not possible then employers should at least arrange regular visits from therapists/counsellors, who could speak to those that need them, but also educate managers about how to support employees."

Case Study 2: *Clara, 20, Student*

Since before moving to university Clara had experienced poor periods of mental health, but had made progress to the point where she was able to regulate her mental wellbeing. However, as university work mounted her mental health problems heightened, and were further exacerbated by pressure from her two part-time jobs, which she was working out of financial necessity. Eventually, Clara sought help from Student Support Services, who offered her an 8-week programme of therapy:

"Student Support Services said I couldn't work or go to classes when they had appointments for me. For someone in my position who needs to work, that wasn't an option. I couldn't just turn around and tell my work I couldn't come in because I have appointments.

"[8-week therapy courses] are one of those things that work well on paper but not in practice. For people with bad mental health, going through therapy is difficult enough. Going through therapy when you've also got uni and other commitments, having to carve out that time from somewhere, it's tough. Also, admitting to employers you're having therapy is hard, expecting people to just drop everything is unrealistic.

"The good thing about telephone appointments is that practitioners have got a bit more time to move people around a little bit. Even if they just call you at some point within an allocated time slot. That can really be helpful for both therapists and patients, although I still think there is a lot to be said for face-to-face meetings too."

As well as changing the physical location of support, the topic of phone consultations was brought up as a potential alternative to face-to-face appointments, or as a provisional channel of support that service users could access whilst waiting for treatment. Examples of phone consultations already exist in clinical practice; many GP practices in Norfolk offer such a service to patients, and Norwich and Central Norfolk Mind operate a telephone support line. Interviewees such as Clara (Case Study 2), pointed to the flexibility a phone appointment can offer for both the practitioner and service user. HWN do understand however that there are limitations to receiving mental health treatment via telephone, but maintain that – according to interviewees - they hold some degree of utility, particularly in non-urgent cases.

When we asked survey respondents about how they would feel most comfortable making an initial enquiry about support for their mental health, telephone call scored low compared to other methods. Notably, online messaging service emerged as the channel through which young people would most prefer to make contact with mental health services. Other CCGs and mental health trusts across the country have engrained some elements of online messaging in to their service model with successful outcomes, so should not be discounted when considering ways to make services more accessible to young people.

From the options below, how would you feel most comfortable making an initial enquiry about support for your mental health? (Pick as many as are applicable)			Response Percent	Response Total
1	GPs/Walk-in centre		56.94%	41
2	Through university tutor/academic adviser		22.22%	16
3	Other face-to-face services		22.22%	16
4	Online messaging service		68.06%	49
5	Phone		13.89%	10
6	Through my employer		2.78%	2
7	Other (please specify):		5.56%	4

Analysis	Mean:	5.65	Std. Deviation:	4.34	Satisfaction Rate:	62.27	answered	72
	Variance:	18.88	Std. Error:	0.51			skipped	0

Options around care

In a number of instances, interviewees who had experienced mild to moderate mental health problems stated that they were offered limited options around what form of intervention they could receive. Predominantly, service users were first referred to wellbeing group sessions, and subsequently CBT through the IAPT programme.

"I really wanted counselling, but all that was offered was CBT. If feel like they push everyone to have CBT because they have targets to meet and just want a quick tick in the box. They're only interested in the statistics. It took ages to even receive any counselling, because apparently I didn't meet the criteria." – **IAPT Service User**

"I found the staff I met to be out of touch with my needs, and too focused on giving me a certain kind of treatment. This caused me a lot of stress. What I really wanted was somebody to chat to every week about what was on my mind, not necessarily to offer 'interventions'. That's always what I really wanted, but no one ever listened." – **IAPT Service User**

Experiences collected via face-to-face interviews corroborated with responses of our project survey, which showed that 65% of respondents answered 'Not True' or 'Not Entirely True' to the statement '*I felt like I had options regarding mental health support'*. Akin to this, 63% or respondents felt that the most recent mental health support they had received was not '*the right kind of support'* for them (see below).

14.4. I felt like I had options regarding mental health support			Response Percent	Response Total
1	Not true		41.2%	21
2	Not entirely true		23.5%	12
3	Neither true nor false		11.8%	6
4	Somewhat true		19.6%	10
5	True		3.9%	2

Analysis	Mean:	2.22	Std. Deviation:	1.27	Satisfaction Rate:	30.39	answered	51
	Variance:	1.62	Std. Error:	0.18				

14.5. The support I received was the right kind of support for me		Response Percent	Response Total
1	Not true	27.5%	14
2	Not entirely true	35.3%	18
3	Neither true nor false	17.6%	9
4	Somewhat true	11.8%	6
5	True	7.8%	4

Analysis	Mean:	2.37	Std. Deviation:	1.22	Satisfaction Rate:	34.31	answered	51
	Variance:	1.49	Std. Error:	0.17				

Feeling Listened to

HWN understand that mental health professionals have the responsibility to safeguard their clients, and make decisions about their treatment based on clinical expertise. However, in order to prevent mental ill-health becoming more severe, our findings suggest that young people presenting at mental health services would benefit from having more control over what form of intervention they would like to receive from the offset. Interviewees indicated that future commissioned services should aim to address some of the wider stresses on mental wellbeing, and that pathways should be less prescriptive, listen first to those in receipt of the service, and be more fluid in the type of support they can offer.

There are however inherent obstacles to overcome in achieving such an ambition. Namely, the limited availability of resources such as counsellors, and guidelines set out by central government, such as the *Five Year Forward View,* which dictate that trusts meet targets to give more adults with anxiety and depression access to IAPT services.

Group Sessions

Formal 'lecture-style' group sessions were repeatedly raised by the young people we interviewed. Of the five interviewees that mentioned group sessions – and similar 'wellbeing workshops', four did not report positive experiences (see Figure 1).

"It felt really robotic, and void of sincerity. We received lots of different vague advice about how to look after ourselves which wasn't particularly useful."

"The group sessions seem pretty futile for people with severe anxiety."

"I don't know what I was expecting, but I sat down and they just spoke at a group of us for a long time, all sat in rows like a lecture theatre. The environment wasn't good, it made me really anxious."

"When I eventually got to see someone, it was as part of a group session, which for someone with moderate anxiety and depression is not the best environment."

"They taught me techniques to deal with my depression and the staff were really good."

Figure 1: Group Sessions and Workshops

However, one interviewee did advocate for group sessions, highlighting that the techniques taught by staff helped her to manage her depression more effectively. This disparity in reported experience again reinforces the notion of giving young people options in regard to their care, as highlighted in section 3bii).

Conversely, group sessions that took a more casual format were lauded by interviewees, especially when service users were surrounded by peers who had been through similar lived experiences.

Although some forms of group sessions/support groups were complimented by interviewees, many also emphasised the potency of one-to-one sessions with the regular contact from the same professional, whether that be a case worker, social worker, counsellor, or any other appropriate professional.

C.6. Staying Well

Young people and their family members spoke honestly and adeptly about what aspects of formal and informal support have helped them to manage their mental wellbeing. With both our semi-structured interviews and survey, we adopted an open-ended approach when investigating the topic of staying well, so not to unintentionally neglect lesser-considered support structures.

A constant thread that ran through our questioning was that of prevention *i.e. what has helped service users manage their mental wellbeing, and prevented them from needing support from specialist* mental *health services?* When discussing with interviewees, we considered the term 'prevention' in its broadest sense; to mean anything from personal coping mechanisms, hobbies or activities to interaction with services or groups that have prevented individuals' mental health from deteriorating.

Prevention could pertain to any point in the service user pathway, not just before presentation or secondary mental health care. For example, most of the young people we spoke to had accessed services at some point in the past, but had since made full or partial recovery. HWN feel it is imperative to include this high-risk patient demographic when planning preventative policy or services.

Listed below are the most prominent themes that emerged with regards to prevention and readmission to services, from which learnings can hopefully be drawn around what community assets currently exist that support communities effectively, and where young people feel more development is needed.

C.6.1 Lived Experience & Peer Support

In February 2019, HWN visited Mancroft Advisory Project, a Norfolk charity who offer information, advice and support to young people on a range of issues, including; money, housing and benefits; relationships, sex and sexual health; mental health; employment; education and training. The charity also run groups and activities, and offer communal space at their premises in Norwich city centre for clients to drop in at any time. Clients at the organisation noted that being in an environment where they are able to participate in group activities – or even simply be in the company of other people who have had similar mental health experiences - had helped them to stay well.

"When I first went to the MAP centre I started having a panic attack in the communal area, but because there were other service users around someone spotted it and helped me to calm down before it got any worse. The group stuff is also brilliant; I've done climbing, photography and have gone to social groups with MAP - it's a great reason to get out of the house. It's always a really open atmosphere and you know you can talk to anyone, I've made so much progress since starting here." – ***MAP Service User***

"There's a real sense of community here. The 'regulars' that come in are a great bunch and everyone's so approachable, you can just come in, make a cup of tea and feel safe. I struggled coming here to begin with because of my anxiety, but it didn't take long to settle in." – MAP Service User

C.6.2 Self-care and managing wellbeing

Question 5 of our survey asked, *'What services/activities have helped you to manage your mental wellbeing in the past?'* 69 out of 72 participants answered this question, meaning responses collected are from a mix of young people who have both accessed and not accessed mental health services in the past. This question produced a range of responses, alluding to services included in mainstream provision such as CBT and counselling, but also personal self-care techniques, including:

- Breathing exercises
- Recovery College
- Music groups
- Socialising with friends/family

The table below illustrates which services and activities were referenced most by survey respondents:
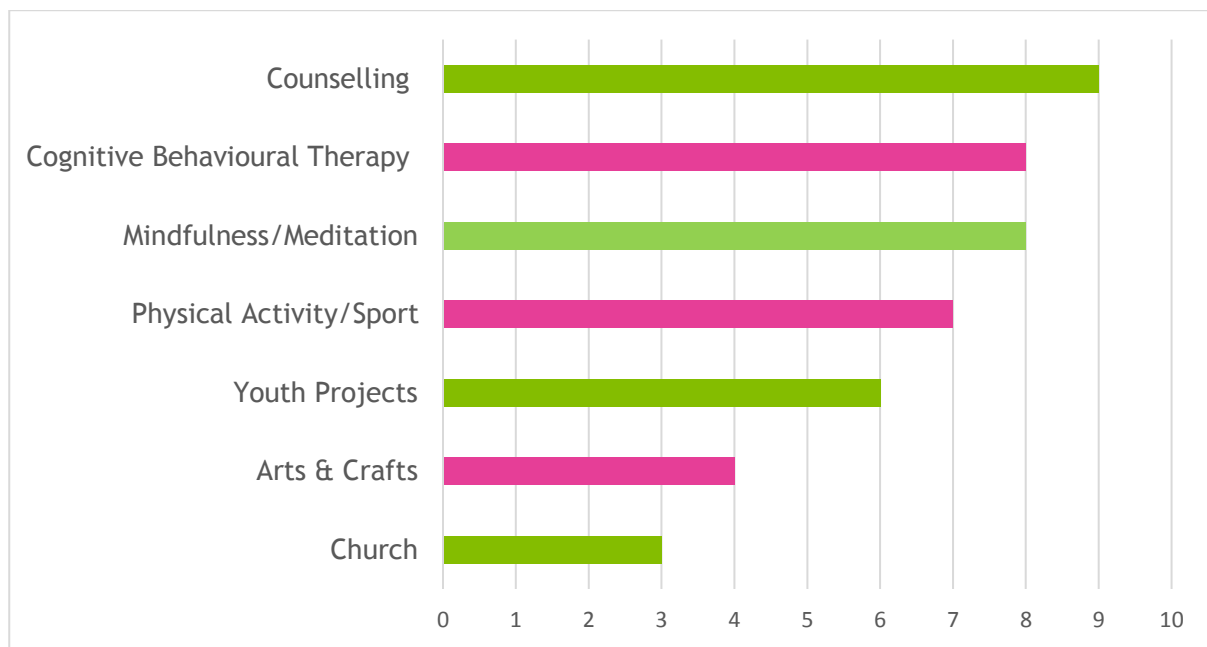
Number of times referenced by respondents

C.6.3 Preventing readmission

HWN also questioned interviewees about what they had done after discharge or at the end of a programme of support to support their wellbeing – whether provided by an NHS, third sector organisation or other providers. This part of the service pathway is widely recognised to be a fragile period for a service users, where their mental state is at high risk of regressing due to a perceived diminishing of their formal support network.

Interviewees at Great Yarmouth and Waveney Mind and ESCAPE Community Gardening Project in Swaffham told us about how groups they are involved with have presented opportunities for them to maintain good levels of mental health without having to access specialist care:

Gaining New Skills

Service users at ESCAPE Community Allotment project in Swaffham highlighted how their involvement with project, through which they had the opportunity to learn new skills and interact with other service users, had benefitted them:

*"I've found that ESCAPE Community Allotment project really helps me with my wellbeing and to build social relationships. The council and CCGs need to fund more opportunities like this for people to gain skills and support mental wellbeing. It would make a lot of difference." – **Escape Service User***

Social Interaction

Similarly to service users at MAP, we heard the benefit of peer group support from attendees at Great Yarmouth and Waveney Mind's '5-2-7 social group', which is led by a professional and brings together young people and volunteers:

*"The groups they [Great Yarmouth & Waveney Mind] run are really helpful. I love them because everyone's been through something similar – having people you can relate to goes a long way. The groups are so welcoming and always relaxed, it works better than plying me with medication!" – **GY&W Mind Service User***

Volunteering Opportunities

*"I've got so much from the volunteering opportunities at Mind. I was a bit worried about doing it at first, but actually it's been ok and has been the encouragement I needed to regain my socialising skills. There are numerous social groups and service-led activities to volunteer at, such as allotment programme. I think for young people, having the option to volunteer with a charity towards the end of your treatment pathway takes the edge off leaving a service. It acts as a bit of a safety net, so you know that if you falter you're already surrounded by people that can help." - **GY & W Mind Volunteer***

C.7. Constraints for Professionals

Alongside speaking to young people and family members, HWN thought it appropriate to engage with professionals that provide services. By adopting this approach, we managed to accumulate comments about the systemic constraints that professionals face when trying to coordinate an individual's care, and ensure that the right support is available to them.

C.7.1 Referrals

Some third sector professionals reported receiving an unmanageable amount of referrals, or in some cases referrals that weren't appropriate for their service. Inappropriate or high volumes of referrals not only hinder the provider's ability to operate effectively, but in some cases can jeopardise the wellbeing of the service user by waiting long periods of time for treatment or not having their needs met by the organisation they have been referred to.

"I help run a charity in West Norfolk and we receive quite a lot of social prescribing referrals. I think it's great that medical professionals are starting to recognise the value of social prescribing, but the volume of referrals we get in unsustainable. If we are receiving referrals we should also be receiving a small amount of funding to help with the costs. We support over 70 people here that would be in real trouble if it wasn't for us. We are frequently on the brink of closing down and more funds to match the increase in referrals."

"As a charity that provides counselling and other first tier mental health support, we really feel like the NHS palm people who can't access their services to us. There is no short term support out there for people in statutory services, which often means that people wait a year on or so on a waiting list, only to be told that their situation isn't severe enough. People like that come to us all the time, but sometimes their cases are more complex than what we can cater for. It's really hard to say no to a client, we shouldn't have to, but we're just inundated with inappropriate referrals all the time – even the crisis team have tried to refer to us."

C.7.2 Mapping provision

Professionals stated that confusion surrounding provision of services for people experience mild, moderate and severe mental health problems inhibits their ability to appropriately refer them. Professionals would benefit from a single point of contact that could compressively outline mental health networks in Norfolk, and which is both geographically accurate and up-to-date with current provision.

*"Because of the high staff turnover at the mental health services, some of the new staff that come in don't have knowledge about what is out there for individuals, so often just forward inappropriate referrals to us." – **Third Sector Counsellor**

*"Knowing what is out there for clients and trying to connect all the dots is challenge. I think the culture of short-term commissioning doesn't help, because it means services that I would have referred to previously disappear all the time. The monthly Help Hub bulletins sent out by Norfolk County Council are useful, but a more comprehensive list all in one place would be better." – **NSFT Associate Coordinator**

C.7.3 Opportunities for Coproduction

Managerial staff at a Norfolk mental health charity told us about how they had been dissuaded from bidding on statutory contracts due the restrictions it would place on their ethos, how they deliver care, and their operational strategy. Staff suggested that if third sector organisations were able to contribute to tenders, they could share their community expertise and would be more inclined to bid on contracts in the future.

"It was horrible at the time, but losing our statutory funding was actually somewhat of a blessing in disguise. We are now in our 10th year of National Lottery funding, which means we have complete control over how our charity operates and can meet the needs of our community. Because of the way we operate, using individual counselling, lived-experience and more ongoing interaction, clients say there is something about our schemes that help them more in the long term.

I think the third sector has a better understanding of communities and their needs, so should have the opportunity to challenge a tender before they bid on it, or even get involved with the drafting so that they can ensure it's achievable."

C.8. Conclusions and Recommendations

- Time spent in between contact with services, such as when an individual is on a waiting list, was highlighted as a precarious point for young adults, where mental health problems are at risk of becoming more severe. Likewise, interviewees stressed the importance of having an accessible support network (such as social groups, support groups or volunteering opportunities) available to them after they had come to the end of their intervention.

- Although existing interventions such as CBT and counselling ran by NSFT were reported to have benefitted some respondents, young people felt that the service offer for the mainstream pathway through the wellbeing service was too narrow, and that CBT was not suitable for everyone. Many alluded to alternative 'lighter-touch' services or activities that had enabled them to manage their own wellbeing. Survey respondents listed examples such as, mindfulness, arts and sport, amongst other suggestions listed in section C.6.2.

- Lecture-style group sessions in their current format generally don't benefit attendees, and have in some instances aggravated symptoms of mental ill-health. Group environments do however have the potential to foster confidence and

wellbeing in young adults, particularly when they are less prescriptive in content, and include some element of peer support/lived experience.

- In order to make services more accessible and encourage young people to seek support earlier with their mental health, online messaging options could prove a valuable outlet for service providers.

- Service users approved of having information, advice and support around wider determinants of poor mental health readily available to them upon their first interaction with a service. Key areas of concern that emerged included: finance, housing, substance misuse, social relationships, educational pressures and body image.

- Young people don't always feel listened to by NHS practitioners, or feel as though they have options regarding what kind of treatment they receive.

- Mental health professionals both within the NHS and who work for external organisations have difficulty understanding the full breadth of mental health provision across the county. Professionals would benefit from an informational asset that could compressively outline mental health networks in Norfolk, and which is both geographically accurate and up-to-date with current provision.

C.9. Acknowledgements

Part D Local Councils

D.1 Approach

We asked ourselves the question "What are the district and borough councils in Norfolk doing to improve mental health and wellbeing in their areas?"

This is a snapshot of what we discovered. Below are a small selection of projects and initiatives provided or funded by the district and borough council in Norfolk to support the mental health and wellbeing of residents of their areas.

D.2 A snapshot

Norfolk County Council

The county-wide Norfolk Directory is available at https://communitydirectory.norfolk.gov.uk/

Breckland Council

Breckland Council have a 'What's On'[6] webpage where local residents and groups can advertise upcoming events in the district. One example advertised was for a Simply Breathe six-week course teaching people simple breathing exercises to learn how to reduce anxiety and stress, relax your mind, enhance your wellbeing and improve sleep. Another advertisement was for a "Learn to Sign" course aiming to teach people will give you some of the basic skills required to have a conversation with deaf people with topics including Basic Deaf Awareness and Lip Reading. Others were promoting community and social events where people could expect to be entertained, have fun, connect with others and or simply be in the company of other people. These are good examples of ways to wellbeing and helping to tackle loneliness and isolation through improved communication and by building links between people and their communities.

Other initiatives include:

- **Healthy Communities Fund** – In November 2018 Breckland Council launched a fund to help to develop and support any new and innovative projects which will improve the health and wellbeing of residents. In particular projects which may tackle loneliness, increase physical activity, or improve the health of children and young people.
- **Our Day Out** – A project developed in partnership with Creative Arts East which tries to engage older people across Norfolk with culture and creativity through dementia friendly music and dance sessions.
- **The Silver Social** – A touring programme of workshops and performances aimed at reducing social isolation through bringing the arts to older people in Breckland.

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[6] We looked at the Breckland District Council 'What's On' webpages on 10th April 2019
https://www.breckland.gov.uk/whatson

Broadland District Council

- **Broadly Active** – A 12 week exercise scheme prescribed by a medical professional and delivered by the District Council to help with conditions such as high blood pressure, arthritis, diabetes, stress, anxiety, and depression.
- **Grow your community** – A project aimed at improving the health, wellbeing, and lifestyles of local people, particularly focusing on supporting older people getting more active in their communities.
- **Handyperson+** - A service which helps people over 65 or people with disabilities with small household repairs and minor adaptations. They will also provide information and support to improve wellbeing such as information about community activities, home help and companionship services, advocacy, benefit claims, health and legal services, and financial management.

Great Yarmouth Borough Council

In Great Yarmouth Borough Council we found examples of two innovative projects - **Healthy Homes Assistance** and **I'm Going Home** that were so successful they were rolled out to the Waveney area also.

- **I'm Going Home** – Practical help and support to ensure people can back home quickly after a stay in hospital, ensuring their homes feel safe and in turn, supporting wellbeing
- **Community Hubs** – Three neighbourhood offices which each have a team of people who engage with local people, listen to ideas, and link people to services and activities as well as offering practical support to start community projects. Working in partnership with Norfolk Constabulary, local charities, community groups, and residents to try and help make stronger communities.
- **Healthy Homes Assistance** - Involves works being undertaken in vulnerable people's homes that will improve their health and wellbeing by reducing risk around the home. For example it installation of key safes, grab rails, ramping etc.

King's Lynn and West Norfolk Borough Council

- **LILY** - an directory of a comprehensive range of support in West Norfolk which aims to combat loneliness and social isolation in adults of all ages. This project is linked to the 'No Lonely Day' initiative and encourages residents to develop friendships and engage in their local communities.
- **West Norfolk Befriending** – A charity partially funded by the borough council providing one to one befriending for socially isolated people aged 65 and over.
- **West Norfolk Walking For Health** - a programme of walks designed to contribute positively to physical and mental health of residents. This project promotes walking as a means to improve both health and happiness whilst providing an opportunity to get to a local area, explore the outdoors and meet new people. It might suit someone who would find it difficult to walk on their own or who need other people around to help them stay motivated.

North Norfolk District Council

- **Arts and Culture Fund** – Grants awarded to groups which are improving health and wellbeing through art. Projects supported have included:
  - Supporting Women Activities Network (SWAN) for a range of art therapy classes for women with mental health needs in the Stalham area.
  - Creative Arts East for the project shared with Breckland Council 'Our Day Out'
  - Playing for Cake towards the cost of North Norfolk Skylarks Singing Group which provides sessions to improve the health and wellbeing of residents but specifically those with Parkinson's.

Norwich City Council

- **Healthy Norwich** – A fund in partnership with Broadland District Council, Norfolk Public Health, and Norwich CCG aiming to improve health outcomes of residents. Projects which have benefited from funding include:
  - GoodGym – Runners who stop off on their runs to make social visits and complete household tasks for older people who would struggle to do them alone in order to reduce social isolation and increase wellbeing.
  - New Routes - A charity which aims to promote the social inclusion of newly settled ethnic minority individuals.
  - MensCraft – a community interest company based in Norwich which provides support and programmes for men and boys.

South Norfolk Council

- **Community Connectors** – Working across South Norfolk delivering social prescribing and helping residents to be part of the community, have positive relationships, gain skills and confidence, have a warm and safe home, and be safe from money worries.
- **Early Help Hub** – a partnership between organisations that support people in South Norfolk. The hub aims to offer practical support, advice, and guidance to get residents 'back on track'.
- **Pick 'N' Mix Bitesize Learning** – Free monthly information sessions to help residents gain tools to help them make the most of the skills available within the community. Sessions cover how to set up, fund, and promote community groups.
- **The Tricky Period** - a collaboration with Norfolk County Council Library Services to provide free sanitary products at all South Norfolk libraries.

D.3 Conclusion and Recommendation

- Local councils are making a contribution to wellbeing in their communities. Give consideration to the contribution of all local authorities in promoting wellbeing and supporting prevention.

4. Summary and Next Steps

4.1 Conclusions and Recommendations

For the strategy

1. Awareness raising about wellbeing and wellbeing services, plus reducing stigma through communication campaigns could be a component of a Wellbeing and Prevention Strategy.
2. First impressions of Wellbeing Services count. The strategy could promote co-designing the 'doorway' to wellbeing services with the people who are using them.
3. Consider shaping the strategy and actions arising from it around localities or communities.
4. Consider using the 5 Ways to Wellbeing as the framework for the strategy.
5. Consider co-producing the Norfolk Wellbeing and Prevention Strategy.
6. The strategy could promote the co-production of the local 'wellbeing offer' aligned to each Primary Care Network.

For young people

7. Time spent in between contact with services, such as when an individual is on a waiting list, was highlighted as a precarious point for young adults, where mental health problems are at risk of becoming more severe. Likewise, interviewees stressed the importance of having an accessible support network (such as social groups, support groups or volunteering opportunities) available to them after they had come to the end of their intervention.
8. Although existing interventions such as CBT and counselling ran by NSFT were reported to have benefitted some respondents, young people felt that the service offer for the mainstream pathway through the wellbeing service was too narrow, and that CBT was not suitable for everyone. Many alluded to alternative 'lighter-touch' services or activities that had enabled them to manage their own wellbeing. Survey respondents listed examples such as, mindfulness, arts and sport, amongst other suggestions.
9. Lecture-style group sessions in their current format generally don't benefit attendees, and have in some instances aggravated symptoms of mental ill-health. Group environments do however have the potential to foster confidence and wellbeing in young adults, particularly when they are less prescriptive in content, and include some element of peer support/lived experience.
10. In order to make services more accessible and encourage young people to seek support earlier with their mental health, online messaging options could prove a valuable outlet for service providers.
11. Service users approved of having information, advice and support around wider determinants of poor mental health readily available to them upon their first

interaction with a service. Key areas of concern that emerged included: finance, housing, substance misuse, social relationships, educational pressures and body image.

12. Young people don't always feel listened to by NHS practitioners, or feel as though they have options regarding what kind of treatment they receive.

13. Mental health professionals both within the NHS and who work for external organisations have difficulty understanding the full breadth of mental health provision across the county. Professionals would benefit from an informational asset that could compressively outline mental health networks in Norfolk, and which is both geographically accurate and up-to-date with current provision.

14. Local councils are making a contribution to wellbeing in their communities. Give consideration to the contribution of all local authorities in promoting wellbeing and supporting prevention.

a. Next Steps

We hope that this report can be useful in informing the development of a wellbeing and prevention strategy for Norfolk. Going forward, it will be important to ensure the public and stakeholders have an opportunity to participate in the development of the strategy for example, by championing the co-production of the strategy with partners and local people.

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