

## Forum Central MH Strategy feedback: Table Discussions 6 March 2019

### Table 1

#### Vision

- Good if resources match it
- Joined together work around debt advice and MH – make it holistic

#### Principles

- We're not sure what 'bio-psycho-social-model' means
- Ongoing consultation as a principle
- 'Broad determinants' is main priority

#### Priorities

- 'Accessing high quality services' good priority but how support people with difficulties accessing (e.g. house bound) and waiting lists
- Very ambitious priorities – too many?

#### Actions

- Left shift (community and preventative) needs to be a priority - **investment** in prevention and resilience

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### Table 2

1. Good to see wider determinants of MH recognised. Question about **how** this will work. Very important to look at this. How can the 3<sup>rd</sup> sector influence this?
2. Mental Health is not separate from other systems – e.g. transport, housing. How can the whole city prioritise Mental Health? (Social Care, LA, Public Health). Requires investment across all systems, and commitment from leaders.
3. Gap between IAPT and early intervention services and community mental health or secondary care seems to be getting bigger. Maybe 'IAPT plus' will help – but needs monitoring. (We can see more people referred to stuff just because more early intervention services available to identify and refer them!)
4. Concern about services being available across geographical areas
5. Access to crisis care need to be quick, but meaningful – i.e. not box ticking to make a phone call.

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### **Table 3**

- How do we know strategy is working? – Outcomes! Who decides what measurements?
- Reduce jargon, make it accessible and short.
- Continuity – 5 year plan, 3 year funding
- Vision – should it be for everyone?
- “Everyone in Leeds has access to quality MH support, knows how to ask for help and receives appropriate support in a timely manner.” Current vision is important, but is a measure of success rather than a vision.
- How radical will we be?
- Adverse childhood experiences
- Will you decommission things that don’t work? And how could that be identified?
- Links with social determinants are key – housing, debt, ACE’s
- What will we do differently to achieve the vision this time?
  - Who is the customer of the strategy?
- Principles – trauma informed
- What about social networks?
- What about older people?

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### **Table 4**

#### Vision:

Vision should sound like an ambition (not is).

Focus on people who are poorest may lead to greater stigma as MH issues can affect anyone.

Lots of pressure on people in areas of deprivation

What does the vision mean? Is it about prevention? Is it about the things public policy can help with? Maybe start again with the vision

Mentally healthy sounds like everyone is fixed – good to be preventative

#### Principles:

Bio-psycho-social model and holistic approach is good, but jargon is not accessible.

Not clear who the strategy is aimed at planners, insiders, everyone who lives in Leeds?

Design of Mental Health/performance to be in partnership with people using service.

Emphasis on prevention here.

Actions to have biggest impact:

Emphasis on prevention

Emphasis on follow up/continuity e.g. intense support at time of crisis then managed, paced transition to less intense alternative support

Easier access to MH assessments in hospitals

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## **Table 5**

Vision needs to be ambitious – does this come out?

Mentally Healthy city – no prevention strategies. What strategies can enable good mental health or create mentally healthy communities.

Actions:

- Appendix understanding of what are the causes of mental ill health.
- Use those with lived experience to train others about MH
- Structure and plan to enable priorities
- Coherent strategy as to where to go to for help and support – organisations working together
- Where to go in a crisis?
- Length of time to wait for counselling/support for MH
- FUNDING – issues of leadership and accountability
- Learning from partnerships that have worked already