

North Somerset
Mental Health and Wellbeing Strategy
2024-2029



Contents

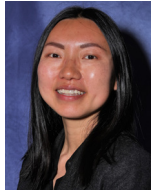
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Foreword

CLlr Jenna Ho Marris

Executive Member, Homes and Health Chair, North Somerset Health and Wellbeing Board



During the COVID-19 pandemic, my family was one of many that sought mental health support. Things got better, then worse, and then spilled over to our neighbours. We had to move, and we were lucky that we could. In our new place, we found the antidote in parks, playgrounds and community. Many didn't have this opportunity. With this role, I know we must do everything we can to make good health and good mental health available to all, but especially to our youngest and our most vulnerable residents, and those who can access it the least.

Improving the mental health of our population is a key priority in North Somerset. Positive mental health is just as important as physical health, and the two are related. Both are vital for people to lead fulfilled and productive lives. Mental health is shaped by social, economic, and physical environments. We know that social inequalities are associated with increased risk of many common mental health conditions.

The challenges of recent years, including the impact of the COVID-19 pandemic, ongoing cost-of-living crisis, political uncertainty, wars, and climate change have impacted on mental health and wellbeing across the population. Many people feel vulnerable day-to-day and anxious about the future. Levels of depression as well as loneliness have increased. Need for mental health support is increasing.

But there is an opportunity for change as pointed out in Build Back Fairer: The COVID-19 Marmot Review¹:

“There is an urgent need to do things differently, to build a society based on the principles of social justice; to reduce inequalities of income and wealth; to build a well-being economy that puts achievement of health and well-being at the heart of government strategy, rather than narrow economic goals; to build a society that responds to the climate crisis at the same time as achieving greater health equity”.

Within this context, I am delighted to introduce the Mental Health and Wellbeing Strategy for North Somerset. The strategy sets out our vision and

ambitions for improving mental health and how we will make a difference for people throughout their lives.

We will address rising need through co-ordinated actions with a particular focus on tackling health inequalities, and addressing the wider determinants of health that affect mental health and wellbeing, such as green spaces, housing, and opportunities for employment.

Our focus includes preventing mental ill-health from occurring and intervening as early as possible when it does occur. For me, knowledge is power – knowing what good looks like, knowing when help is needed, and knowing how to access that help, whether for yourself, family, friends, neighbours or community.

We also focus on supporting people with mental ill-health to live well, providing holistic support, and working together, to ensure everyone in our communities lives as rewarding and productive a life as possible. This includes actions to address inequalities in access to services, experiences and outcomes between population groups.

We will support people throughout their lives, and as the data shows, we need to focus on our young people. We must find ways to give each child the best start in life.

¹ Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison (2020). Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity

The strategy has been developed in collaboration with a range of partners, and builds on data, engagement and insight from our council, health, care, voluntary and community sectors, people with lived experience of mental ill-health, members of our communities, findings from regional and national studies, and also our North Somerset Adult and Children's and Young People's mental health needs assessments.

We are very grateful to all those who contributed their views, as well as the mental health strategy group for overseeing strategy development. Working jointly with Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) and North Somerset Council's Public Health and Regulatory Services Directorate, we have boosted funding for this strategy's action plan, covering any gaps in support that we found.

Throughout this strategy, we will monitor and evaluate the impact, and publish key mental health outcomes to ensure that we are doing our best for our population and that we are getting closer to our aim for everyone to live healthier lives. I invite you to tell us how we are doing.

I look forward to working together with colleagues and residents to put good mental health and wellbeing at the heart of everything that our council does, to support people and communities in the right place and in the right way, and ultimately, to enable North Somerset to be a mentally healthier place to live, work and flourish.

Cllr Mike Solomon
Mental health lead



All too often there is a stigma attached to mental health and at times this can lead to a reluctance to open up and look for help. A recent survey published by Mind demonstrated that over half of people in the UK say they still feel ashamed about living with a mental illness. In addition, it can be difficult for people to know where to go or to readily find the right support that is available for them.

The publication of this strategy and the work that is going on behind the scenes demonstrates our commitment to change for the residents of North Somerset. For instance, in recent in recent years, Mental Health Support Teams have been introduced into our schools here in North Somerset. The teams provide interventions for young people and help develop a whole school approach to mental wellbeing. This type of support is shown to be non-stigmatising for young people and less disruptive to education.

For adults, Mental Health and Wellbeing Integrated Network Teams (MINTs) have been launched here in the Weston, Worle and Villages, and Woodspring, Localities. These bring health, social care, and voluntary and community sector partners together to meet people's diverse needs, offering access to

the right mental health support at the right time, and complement the support provided in communities via charitable organisations. In addition to services such as these, the strategy outlines ways in which we will improve communication about the range of services in place.

Through these and all of the actions in the strategy, we hope that people will be encouraged to reach out and access the support they need.



Executive Summary

Our purpose

The North Somerset Mental Health and Wellbeing Strategy sets out our shared vision and ambitions for supporting and enabling people to have good mental health and wellbeing throughout life. The strategy highlights the importance of mental health, and maps out how we will work collectively to address rising mental health need and to tackle health inequalities.

Our vision

Our vision is that:

People in North Somerset are enabled and supported to have good mental health and wellbeing and to live well in their communities, via a focus on prevention, early intervention, and targeted action to reduce inequalities.

We will achieve this vision through a focus on:

- **Prevention:** preventing mental ill-health before it arises and preventing any worsening of mental health problems as early as possible
- ▲ **Early Intervention:** identifying mental ill-health as early as possible and intervening early with the right support to prevent worsening of outcomes.
- ◆ **Supported and Living Well:** supporting individuals in a holistic way so that people with mental ill-health can live well in our communities.

How have we developed the strategy?

Our strategy and action plan builds on our understanding of mental health and wellbeing need from national and local data; as well as views shared by members of our communities and partner organisations about need and how best to improve and support mental health and wellbeing.

What will we do?

Our action plan captures the services, service improvements, learning provision, professional development, action regarding trauma-informed practice, and mental health and wellbeing programmes to be implemented across early years settings, schools, workplaces, health and care settings, mental health services, and communities. All of our actions seek to lay the best foundations for good mental health throughout life, provide timely support in a range of settings for people of all ages, and to co-produce services, building on data, insight and ongoing learning.

How will we know we've made a difference?

We will monitor progress in implementing our actions and realising our vision regularly, through our multi-disciplinary mental health strategy partnership. Refresh of the strategy will be built into the timeline to enable us to review progress and understand any changes we may need to make to meet our targets. We will use data and insight collected through national and local sources to evaluate the impact of our actions and approaches.

1. Introduction

Mental health has been described as 'a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community'².

Good mental health and wellbeing provides the foundation for growth, development, physical health, and quality of life for individuals, enabling people to thrive and achieve their potential, cope with the stresses of life, and work productively, while underpinning healthy communities and societies. In this way, mental health is not just the absence of mental illness but is fundamental to underpinning our health and wellbeing throughout life. Our mental health has equal importance to our physical health and underpins our health throughout life, with mental and physical health being dependent on one another.

Supporting mental health has multiple and wide-ranging beneficial impacts for individuals and the wider population, such as improved physical health; inclusive, safe, and healthy settings, places and communities; strong social and community networks; individual and community resilience; and advances in tackling inequalities through action on the wider determinants

of health, such as employment, housing, discrimination, the built environment, and education.

Importantly, however, the prevalence of mental ill-health is high. In any given week, one in six adults may experience a mental health problem³ with mental illness disproportionately affecting some groups in society, such as people who identify as LGBTQ+, people in Black, Asian and minority ethnic groups, people living with disabilities, and people living in poverty⁴, contributing to health inequalities.

More than half of all mental health illnesses originate in childhood or adolescence, with three quarters of mental health problems emerging by the age of 24⁵. The early years are therefore a critical stage for the development of good mental health and wellbeing. The first 1,001 days of a child's life set the foundations for lifelong emotional and physical wellbeing⁶, and determinants of health and experiences during childhood and adolescence are critical in determining future mental health and wellbeing.

In this strategy, we highlight how we will collectively support good mental health and wellbeing for everyone

in North Somerset by taking a person-focused and trauma-informed approach that responds to our understanding of local need and the circumstances and environments in which people live, and which incorporates both universal and targeted actions.



2 World Health Organization (June 2022). Mental Health. WHO 2023.

3 McManus S, Bebbington P, Jenkins R, Brugha T (eds) (2016). Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014.

4 Public Health England. Mental health and wellbeing: JSNA toolkit. Guidance 2. Mental health: environmental factors; Guidance 3. Mental health: population factors. Updated 25 October 2019.

5 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH.

6 HM Government. The Best Start for Life. A Vision for the 1,001 Critical Days. 2021.

2. Our vision for mental health and wellbeing in North Somerset

Our vision for mental health and wellbeing in North Somerset is that:

People in North Somerset are enabled and supported to have good mental health and wellbeing and to live well in their communities, via a focus on prevention, early intervention, and targeted action to reduce inequalities.

Our vision will be achieved through the three themes of:

- **Prevention:** preventing mental ill-health before it arises and preventing any worsening of mental health problems as early as possible.
- ▲ **Early Intervention:** identifying mental ill-health as early as possible and intervening early with the right support.
- ◆ **Supported and Living Well:** supporting individuals in a holistic way so that people with mental ill-health can live well in our communities.

Through our shared ambitions and objectives, we will work towards protecting and supporting the mental health and wellbeing of people living in North Somerset, preventing mental illness, and increasing the number of people being supported and empowered to experience optimal wellbeing. Through targeted action, we will reduce mental health inequalities and narrow the gaps in health outcomes for individuals, groups and communities living with mental illness.

This strategy has been developed with input from partners and people with lived experience of mental ill-health to ensure that our objectives and actions reflect a partnership approach to improving mental health and wellbeing in North Somerset.



3. Approach: How will we achieve our vision?

3.1. Partnerships and collaboration

Seeking insight and involvement from a range of partners, including people with lived experience, and working in an integrated way across North Somerset and the Integrated Care System

We have sought involvement and insight from a range of partners to develop this strategy, with the process overseen by a multi-disciplinary mental health strategy group. Our action plan includes interventions, services and programmes led by a range of organisations and mental health services with a shared goal of co-producing new developments in services or support.

All of our work is underpinned by the wider system in which we work, Healthier Together, our integrated care system (ICS) for Bristol, North Somerset and South Gloucestershire (BNSSG), which includes the three local authorities, primary and secondary care, and community and mental health services. This provides the opportunity to work in a truly integrated and collaborative way between agencies, with one of the ICS's key commitments being early identification and support for people experiencing anxiety and depression. The two locality partnerships, Woodspring and One Weston, include a range of organisations and sectors, working with local people and communities to improve health and wellbeing, including the Mental

Health & Wellbeing Integrated Teams (MINTs), in place to deliver joined up mental health support.

3.2. Tackling health inequalities

Addressing health inequalities by taking a proportionately greater focus where, or among whom, there is greater need

Health inequalities are avoidable and unfair differences in health and wellbeing across the population or between different groups of people. Health inequalities arise because our health is affected by the conditions in which we are born, grow up, live, work and age, as well as factors such as age, gender, ethnicity and where we live.

North Somerset includes areas of high deprivation, and particular population groups in the area experience inequalities in determinants of mental ill-health and mental health outcomes. North Somerset has one of the highest levels of inequality between areas, which can be masked by outcomes for the whole local authority area, with the most deprived areas found mostly in Weston-super-Mare. More information about inequalities is provided in section 4.

Through this strategy, we will seek to tackle inequalities in mental health outcomes by taking a proportionately

greater focus where, or among whom, need is greater, to enable the mental health of people with the poorest health outcomes to improve faster. We also aim to take action across all of the factors influencing mental health (for example housing, employment, social isolation) among people in our communities, to implement a trauma-informed approach, and to develop a 'health in all policies' approach so that we consider the health impacts of all that we do. In this way, we aim to close the gap in access, experience and outcomes between groups.

3.3. Life course

Taking action from birth to older age, with the understanding that addressing risk factors and promoting good mental health and wellbeing in childhood can have long-lasting benefits

Our Mental Health and Wellbeing Strategy considers the whole life course, from birth to older age, and the different risk and protective factors and solutions needed. Notably, a substantial proportion of mental health problems have been established early in life, with half of all mental health problems established by age 14, and three quarters established by age 24⁷. Taking action from the antenatal period, infancy and through childhood is therefore critical to support a

⁷ Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH.

preventative approach. This will be done alongside opportunities to prevent and protect mental health throughout the life course, to reduce the incidence of mental ill-health and to promote wellbeing, with the right support given at the right time in the right place for the best outcome.

3.4. Informed by data, insight, evaluation and ongoing learning

Using data, evidence, feedback and insight to guide decision-making and strategic planning, and evaluating progress to ensure maximum benefit of action

Our strategy and action plan has been informed by data and evidence both in understanding mental health need but also in the interventions needed to prevent and protect the mental health of North Somerset's population. This has been used alongside the feedback and insight from residents, stakeholders and people with lived experience to inform and guide decisions. Through the course of this strategy, we will seek to draw on people's lived experience of mental ill-health and mental health needs, as well as other members of our communities, to guide decision-making and action.

We will also evaluate the impact of the strategy, so that we know we are making a difference to people's lives. The five-year action plan includes measurable targets against each action, which will enable us to monitor impact over this period and to refresh the actions as needed to maximise that impact. Broader impact of the actions implemented will also be measured

using nationally available measures of mental illness and wellbeing in North Somerset. Our key measures include wellbeing scores, prevalence of depression, self-reported anxiety scores, hospital attendance for self-harm among young people, and the proportion of school pupils with a social, emotional and mental health need, alongside specific measures of inequality.

3.5. Enabling and empowering people and communities

Maximising strengths-based approaches and building strong social connections and community participation to support wellbeing

North Somerset's strength-based approach in communities is set out in full in our Empowering Communities Strategy and through the extensive work of the VCFSE sector and others. We build on this in our action plan, advocating for an approach that develops community assets, such as local resources, skills, knowledge, social networks and organisations. All of these play an essential role in improving wellbeing'.

Addressing social isolation and loneliness by building strong social connections, and community participation is also a critical factor in supporting and enabling wellbeing. A range of community mental health programmes are already in place and our action plan highlights ways to promote resilience and wellbeing through local strengths.

3.6. Using trauma-informed and compassionate approaches to improving mental health

We are committed to developing and strengthening our compassionate and trauma informed approaches, to acknowledge, understand, and respond to the impact of life events which shape who we become, and how we experience the world. We recognise at times our own practice may inadvertently cause distress, or trigger memories of past negative experiences. We will work together to find solutions to this, creating emotionally safe services, where compassion and trauma informed care are at the centre of our practice. We will co-produce services which build upon a person's strength, self-efficacy and self-esteem, providing a clear message that everyone is valued and entitled to support when they need it. We will consider ways to implement the principles of trauma informed practice; safety, choice and clarity, collaboration, trustworthiness and transparency, inclusivity and empowerment, to create relationships which improve the emotional wellbeing of people delivering and using services in North Somerset.

Together, as a system, we are promoting the voices of people with lived experience of mental ill-health by co-producing trauma informed workshops and training. We are aiming to build strong and meaningful relationships with people who have lived experience of trauma and mental ill-health. The Independent Mental Health Network are important partners, and we value the transformative work that we are aiming to do in partnership with this network.

4. What are the mental health needs in our population?

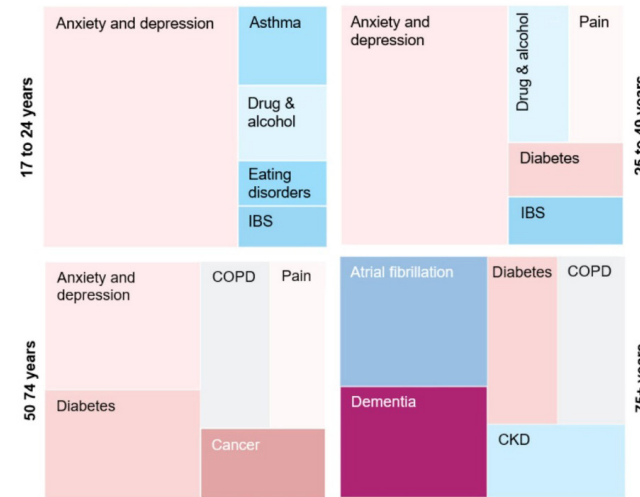
Nationally, approximately one in six adults have had a common mental health problem in the last week and over one in ten children and young people experience a mental health problem.

Understanding mental health needs in our local population provides the case for action. As part of developing this strategy, detailed local mental health needs assessments have been undertaken for children and adults. Outlined below are the key findings from these assessments.

4.1. Levels of mental health concerns in the North Somerset population

Across Bristol, North Somerset and South Gloucestershire, anxiety and depression have the greatest impact on the population aged 17-49 years and a substantial impact for those aged 50-74. For those aged over 75 years dementia and atrial fibrillation have the biggest impact.

Figure 1. Conditions that have the greatest impact on the BNSSG population by age group.



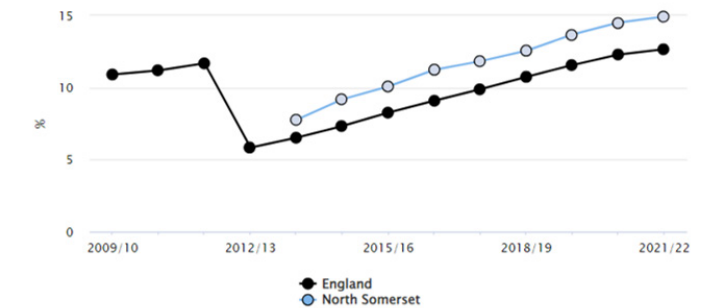
Among children and young people, data shows that 3.3% of school pupils have a social, emotional and mental health need, which is slightly higher than the England average of 3.0%.

Emotional wellbeing was a cause for concern among 39% of looked after children in North Somerset, which is slightly above the England average (37%). However, in some areas the prevalence is as high 49% and as low as 29%, indicating inequality across the area.

Among adults (aged over 18 years), data from GP practices suggests that prevalence of depression is

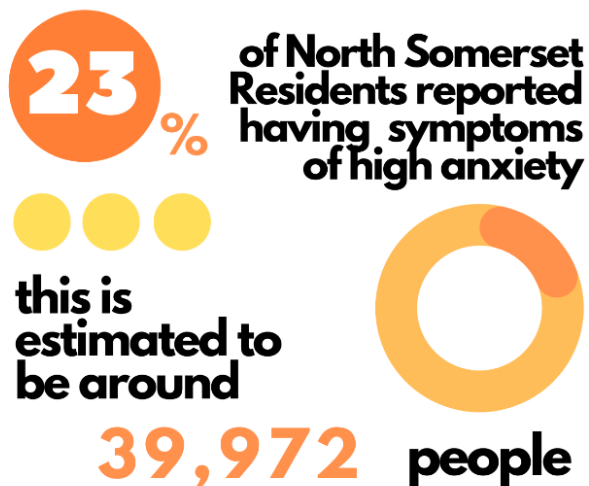
increasing locally and currently stands at 15%, equating to approximately to 24,000 people aged >18 years in North Somerset (Figure 2).

Figure 2: The prevalence of depression (%) among adults in North Somerset, by year, as recorded by GP practices, compared to the England average.



The prevalence of anxiety among adults in North Somerset is high, although the prevalence is in line with the average prevalence in the South West region and England (Figure 3).

Figure 3. Prevalence of self-reported anxiety symptoms by adults in North Somerset.

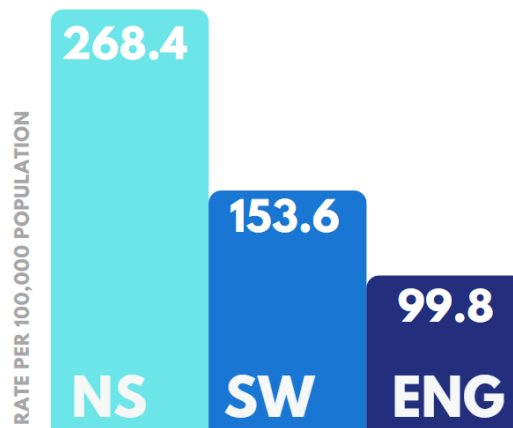


4.2. Hospital admissions due to mental illness and/or self-harm

Among children and young people, the rate of hospital admissions related to mental health conditions is higher in North Somerset compared to the regional and national average (Figure 4).

Figure 4. Rate of hospital admissions related to mental health conditions among children and young people in North Somerset.

IN 2021, HOSPITAL ADMISSIONS RELATING TO MENTAL HEALTH CONDITIONS IN UNDER 18S ARE THE HIGHEST IN THE SOUTH WEST AND THE SECOND HIGHEST IN ENGLAND



Locally the rate of hospital admission as a result of self-harm is higher than the national average in young people, with the rate being 1.5 times higher for those aged 20-24 in North Somerset compared to the average rate across England.

In 2020/21, there were 333 emergency hospital admissions for intentional self-harm per 100,000 population of all ages. This is significantly higher than the South West and England rates (249/100,000,

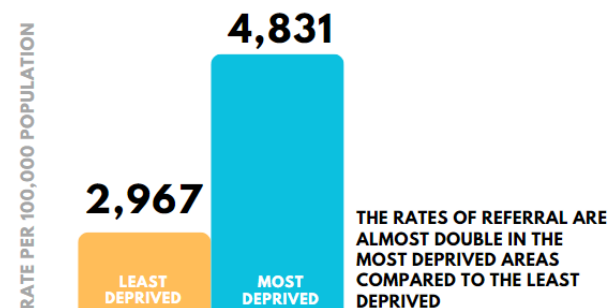
181/100,000, respectively). Rates were particularly high in areas of Weston-super-Mare.

4.3. Referral to secondary mental health services

The rate of new referrals to secondary mental health services for children and young people aged <18 years was 2,967/100,000 in 2019/20, but there is substantial inequality as can be seen in Figure 5 below.

Figure 5. The rate of referrals to secondary mental health services among those aged under 18 years in North Somerset.

REFERRALS TO SECONDARY MENTAL HEALTH SERVICES IN UNDER 18s



4.4. Mortality rates

Local suicide rates for adults are comparable to England. As is observed nationally, the rate of suicide was three times higher among males than females (Figure 6).

Figure 6. Inequality in suicide between males and females (adults aged >18 years).

**IN NORTH SOMERSET
51 PEOPLE DIED BY
SUICIDE BETWEEN
2019-21.**



69% WERE MALE

Data demonstrates higher mortality rates amongst adults with severe mental illness. A resident with a documented severe mental illness is 4.5 times more likely to die before the age of 75 than someone without a severe mental illness (Figure 7). This is a risk significantly higher than that seen nationally.

Figure 7. Increased likelihood of premature mortality among people with a severe mental illness.

**IN NORTH SOMERSET,
ADULTS WITH A SEVERE
MENTAL ILLNESS ARE**

4.5 TIMES

**MORE LIKELY TO DIE BEFORE THE
AGE OF 75**



4.5. Wider determinants of health

While many areas in North Somerset have low levels of deprivation, a significant proportion of North Somerset residents also live in some of the most deprived areas of England. The most deprived areas are focused within Weston-super-Mare.

Weston-super-Mare Central and Weston-super-Mare South wards are wards with the highest proportion of children living in absolute poverty (17.6% and 17.5%, respectively) (Figure 8).

Figure 8. Inequality in eligibility for free school meals between Weston-super-Mare and other areas of North Somerset.

**In North Somerset,
14.6% of Primary
School children
are eligible for
free school meals**

**IN
WESTON
SUPER
MARE
SOUTH**



are

The rate of 16-17 year olds not in education, employment or training (NEET) is slightly higher in North Somerset (5.1%) compared to England (4.7%).

5. What have people told us is important to them?

A range of perspectives, feedback and ideas were contributed from people, stakeholders, and people with lived experience of mental ill-health from North Somerset and BNSSG, which were collated from a range of engagement opportunities. Comments spanned a range of topics and ideas, which fit within three overarching themes, and which are summarised below. Notably, some specific comments and suggestions about gaps in provision that are being addressed through other strategies and funded programmes are not included in this action plan, to avoid duplication.

5.1. Wider determinants of health

People and professionals highlighted the importance of good employment in healthy workplaces, but also the importance of minimising stress and a good work-life balance. The impact of the cost-of-living crisis in bringing new financial and family stressors to people's lives was highlighted as a priority with suggestions of ensuring that all relevant services and organisations signpost individuals to mental health and wellbeing support.

Recognition of the beneficial impact of being active and engaging with the natural environment in improving mental health and wellbeing was also clearly communicated. The North Somerset strategy Get Active: A Physical Activity Strategy for North Somerset

2023-2028 sets out ambitions and plans for maximising opportunities to be active and engage with green space and we recognise this in our action plan.

5.2. Approaches to supporting mental health.

Reflecting BNSSG ICS's commitment to developments around trauma-informed practice, stakeholders communicated that practice and services need to be trauma-informed, and ultimately, trauma-responsive. Access to services can be affected by fear of stigma or being labelled, and collective action is also needed to address unconscious bias or prejudice, alongside diversity within services.

In relation to community-led and strengths-based action, individuals highlighted the role of non-specialised support for those between services or awaiting a service, which may include peer support, social prescribing and/or social and community engagement.



5.3. Mental health services through the life course

Feedback highlighted the cohesion and visibility of mental health services needed, and the importance of joining up and integrating services. The need for support that is tailored to different stages of the life course and/or to different population groups was also raised. For instance, in relation to young people, a need for family-focused and parent/carer support, and a focus on supporting emotional literacy was considered key, while it was noted that older people may have different support-seeking behaviours compared to younger people. Furthermore, population groups such as people with a dual diagnosis, people that have experience of trauma, people with a disability, carers, refugees, or children with SEND may need tailored and person-centred support.

5.4. Immediate priorities for action

Priorities for immediate action in the strategy were considered to be:

- Strengthening children and young people wellbeing, including through parental support and family-focused approaches.
- Addressing the cost-of-living crisis and support for those with additional financial pressure.
- Supporting the role of workplaces in managing wellbeing in the workforce.
- Increasing awareness of services and ensuring integration of services to provide more seamless support.
- Mapping, supporting and building on existing trauma-informed practice and training.

- Providing bridging support while individuals await a service, including non-specialist peer support.
- Improving support provided for those experiencing mental ill-health and substance use dependence.
- Facilitating carers' mental wellbeing through dedicated support.



PRIORITIES

6. How does the strategy fit with national and local strategy and policy?

6.1. National policy, strategy, and programmes

Our vision, ambitions, objectives and actions build on, and are integrated with, national and local policies.

The [NHS Long Term](#)⁸ plan (2019) highlighted increased support for individuals in crisis, and improved access to psychological therapies, while the Community Mental Health Framework for Adults and Older Adults (2019) paved the way for our current MINTs in our two localities. Our action plan reflects these advances.

Our focus on prevention as a key theme supports the [Prevention Concordat for Better Mental Health](#)⁹ (updated in 2022), a practical resource to promote good mental health and prevent mental health problems, while also supporting the [Advancing Mental Health Equalities Strategy](#) (2020)¹⁰, which aims to address inequalities in access, experience and outcomes among those in mental health services. The focus on reducing inequalities also supports the [Core20plus5](#) approach for adults¹¹, which aims to reduce health inequalities among those living in the 20% most deprived areas

and specific population groups (for example inclusion health groups, people in ethnic minority groups, people with learning disabilities and those with protected characteristics). One of the five focus areas for adults sets an ambition for physical health checks for people with severe mental illness (SMI), while improvement in access rates to mental health services for those experiencing health inequalities is a focus area for children and young people.

The promotion of children and young people's mental health and wellbeing through a whole school approach¹² is described in national guidance highlighting eight principles for supporting good emotional health and wellbeing in these settings, an approach being implemented in North Somerset.

Lastly, the national Suicide Prevention Strategy for England (2023-2028)¹³ aims to reduce the suicide rate, improve support for people who have self-harmed, and improve support for people bereaved by suicide. Our strategy, and links to the North Somerset Suicide Prevention Action Plan, support the priority areas for action outlined.

6.2. Local policy, strategy, and programmes

Our strategy does not intend to re-invent or re-design services and local provision that supports mental health and wellbeing in our population. Rather, we aim to collectively build on the extensive practice and the range of services already in place to address mental health needs. The action plan aims to capture ongoing activity, as well as new areas that address gaps in delivery or emerging needs.

In particular, we note a range of existing strategies that dovetail with this mental health and wellbeing strategy, where action contributes to improving mental health and wellbeing, for instance, through increased physical activity, addressing social isolation and loneliness, and/or empowering communities.

- First, the North Somerset Council Corporate Plan 2024-2028 incorporates an aim to ensure equity of access to services in its vision, and commitments to support children and young people to have good mental health and wellbeing; and to maximise access to preventive mental

8 NHS, 2019. [The NHS Long Term plan](#).

9 Public Health England (2017): [Prevention Concordat for Better Mental Health](#). Office for Health Improvement and Disparities.

10 NHS 2020. [Advancing mental health equalities strategy](#).

11 NHS England. [Core20PLUS5](#).

12 HM Government (2021): [Promoting Children and Young Peoples Mental Health and Wellbeing: A Whole School Approach](#): Children and Young People's Mental Health Coalition.

13 Department of Health and Social Care (2023): [Suicide prevention strategy for England: 2023-2028](#).

health support and secondary mental health care when residents need it.¹⁴

- The North Somerset Health and Wellbeing Strategy 2021-2024 also includes mental health as a key priority with objectives to reduce the prevalence of poor mental health and to improve access to timely mental health support.
- Additional strategies that contribute to meeting the objectives and outcomes of this strategy include: the North Somerset Domestic Abuse Strategy 2020-2023; Suicide Prevention Action Plan 2023-2028; Social Isolation and Loneliness Needs Assessment and Strategy 2019; Housing Strategy 2022-2027, Green Infrastructure Strategy, Active Travel Strategy 2020-2030, Physical Activity Strategy 2023-2028, Education Strategy 2023-2025, and Early Years Strategy 2023-2026.

A commitment to trauma-informed practice is included within the ICS strategy, the BNSSG Joint Forward Plan and the ICS Mental Health and Wellbeing Strategy and is included in our Mental Health and Wellbeing Strategy too. Dedicated resource is in place within the ICS through a trauma-informed practice manager, to further develop a shared language and approach and to support organisations and different parts of the system to consider how to recognise and effectively respond to trauma and adversity experienced by individuals, families, communities and staff.

Further to links with these strategic plans, and as described above, the actions captured in our Mental Health and Wellbeing Strategy build on a range of services and programmes provided across the local authority area. We have not captured all of this work in our action plan. However, developments such as those below are just a few that provide the framework on which our action plan has been developed:

- The implementation of the MINTs which provide community-based and integrated assessment and treatment for adults with mental ill-health via a person-focused, multi-disciplinary approach.
- Improved access to NHS Talking Therapies. See appendix 1 for a description of this service.
- Service provision for those in crisis or following bereavement by suicide.
- The introduction of Mental Health Support Teams (See appendix 1 for description of this work) which now provide support to approximately half of our school-aged children, with other schools supported by the range of programmes in place by Off the Record.
- A range of service developments within Avon Wiltshire Mental Health Partnership NHS Trust (AWP), including Children and Adolescents Mental Health Services (CAMHS).

- Introduction and development of the North Somerset Drug and Alcohol Partnership, a multi-agency body comprising senior officers from multiple stakeholder organisations, including, but not limited to, the local authority, health, police, probation, and treatment providers, who provide senior strategic oversight for the local delivery of the strategic priorities of the national drugs strategy “From Harm to Hope – A 10-year Drugs Plan to Cut Crime and Save Lives”.

In North Somerset we have recruited a part-time trauma informed practice officer who will help lead on a local programme of work including mapping and building on existing practice and training opportunities. Our long-term aim is to nurture an emotionally healthy and psychologically safe workforce, supported and confident in implementing a trauma informed approach. This will be reflected in the people accessing our services, our language and behaviour, our strategies and practices.

The mental health impacts of the COVID-19 pandemic and the cost-of-living crisis are still emerging, and a long-term view is required. We note, however, that the current time is one of financial pressure and reducing budgets, and so while we are ambitious in our plans and optimistic about the beneficial impacts of our action plan, we must be realistic about what can be achieved, as mental health – and physical health – needs rise.

14 North Somerset Council (2021). Corporate Plan 2024-2028.

7. How will we measure progress?

The Mental Health and Wellbeing Strategy 2024-29 action plan has measurable targets owned by North Somerset Council and partners. We will monitor progress in implementation of the action plan and to the targets outlined. We will also use national data reported by OHID as well as local data collected by service providers and partners to evaluate the overall impact of the actions implemented on specific measures of mental health and wellbeing among children, young people and adults.

7.1 Measures of progress and impact

Among adults, we will examine:

- Wellbeing scores: anxiety, feeling that the things people do are worthwhile, life satisfaction, happiness¹⁵.
- The prevalence of depression (%)¹⁶.

Among children and young people, we will examine:

- The prevalence of school pupils with social, emotional and mental health need (%).
- The rate of A&E attendance and hospital admission for self-harm among children and young people aged 10-24 years.

In relation to inequalities, we will examine:

- The rate of hospital admissions for self-harm (rate/100,000 of the population) between different population groups (for example between males and females).
- Premature mortality between people with serious mental illness and the general population.
- Indicators of wellbeing according to indices of multiple deprivation.

7.2. Targets

Our targets to achieve by 2029 for adults are:

- Wellbeing scores to be in line with or below the England average¹⁷
 - High anxiety score (21% to ≤23.3%).
 - Low worthwhile score (remaining at 3.5% or lower).
 - Low satisfaction score (5.1% to ≤5.6%).
 - Low happiness score (6.3% to ≤8.9%).

- To slow the increase in the prevalence of depression from 15.7% to 15.5%.
- A narrowing of the gap in premature mortality between people with serious mental illness and the general population.

Our targets to achieve by 2029 for children and young people are:

- To reduce the prevalence of school pupils with social, emotional and mental health need from 3.5% to be in line with, or lower than, the England average of 3.3%.
- To reduce the rate of hospital admission as a result of self-harm among children and young people aged 10-24 years (634/100,000) towards the England average (319/100,000).

Our targets to achieve by 2029 for inequalities in mental ill-health are:

- To reduce the gap in rate of hospital admissions for self-harm, and in indicators of wellbeing, between the most and least deprived areas in North Somerset.

¹⁵ Office for Health Improvement and Disparities. Public health profiles. 2024 <https://fingertips.phe.org.uk> © Crown copyright 2024.

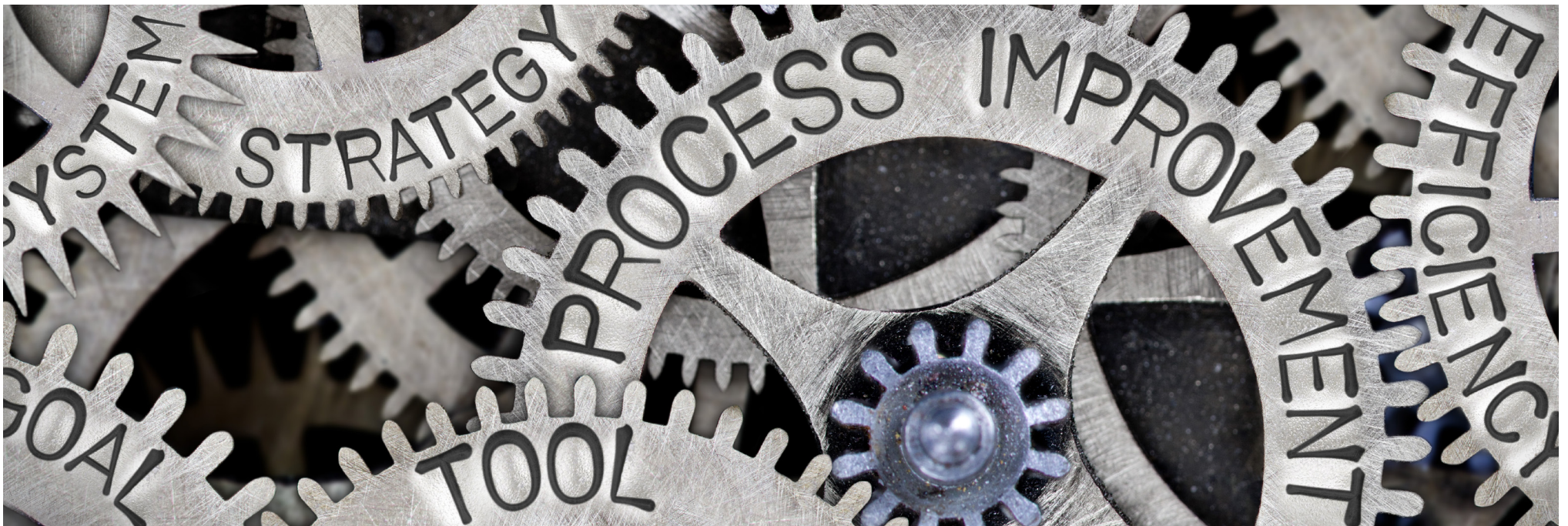
¹⁶ Office for Health Improvement and Disparities. Public health profiles. 2024 <https://fingertips.phe.org.uk> © Crown copyright 2024

¹⁷ Based on currently available data (2021-22, Office for Health Improvement and Disparities)

- To narrow the gap in premature mortality between people with serious mental illness and the general population.

The findings of our monitoring and evaluation will be reported every six months to the Mental Health Strategy Group. Reports will also be provided to the Health and Wellbeing Board and Local Authority Scrutiny Panels and other partners to ensure awareness of progress and impact of shared actions. Membership of the North Somerset Mental Health Strategy Group collectively includes representation from:

- North Somerset Council (Public Health and Regulatory Services, Children's Services, Adults Services, Place and Corporate Services Directorates)
- BNSSG Integrated Care Board – Weston, Worle and Villages and Woodspring Locality Partnerships
- Voluntary Action North Somerset
- Independent Mental Health Network
- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), including CAMHS and Mental Health Support Teams
- Off the Record
- Kooth
- Vita Health Group (NHS Talking Therapies)
- Primary care
- North Somerset Wellbeing Collective



8. What are our themes, ambitions and objectives?

To achieve our vision of improving the mental health of the residents of North Somerset and to reduce inequalities, we have key objectives and actions to work towards.

Overarching themes have been categorised to align with the North Somerset joint Health and Wellbeing Strategy and Action Plan:

- **Prevention:** these are upstream actions to prevent mental ill-health and to prevent worsening of mental ill-health.
- ▲ **Early Intervention:** this involves identifying mental ill-health as early as possible and intervening early with the right support to prevent worsening of outcomes. The earlier action is taken to prevent or resolve a problem, the better the outcome.
- ◆ **Supported and Living Well:** This includes a focus on the wider determinants of health, such as employment, transport, housing and places. It also highlights our commitment to improving the physical health of those with severe mental health issues.

Our ambitions and objectives within each theme are:

■ **Prevention:** Strengthening action to prevent mental ill health before it arises and to promote protective factors to enhance wellbeing.

Ambition: The foundations of good mental health and wellbeing are developed for all, through focused action in communities and settings across the life course.

Objective 1: The development of healthy, secure attachments and good emotional wellbeing are supported to enable the best start in life.

Objective 2: Wellbeing is maximised across settings and communities to build resilience and to reduce social isolation and loneliness.

Objective 3: Embed inclusive, trauma informed practice in the design and delivery of services across North Somerset.

Objective 4: People are enabled to have good mental health and wellbeing through effective training and development of professionals, and improved communication and signposting about programmes and services.

▲ **Early intervention:** Identifying mental health needs and responding to those needs at the earliest opportunity.

Ambition: Timely support and early intervention are available in a range of settings for people of all ages in North Somerset

Objective 1: Children and young people can access a range of mental health services and support.

Objective 2: Adults living in North Somerset receive the right support in the right place at the right time.

Objective 3: Appropriate actions, services, and evidence-based support are available for people at risk of self-harm and/or suicide and their carers.

◆ **Supported and living well:** Providing targeted opportunities and support to enable people with mental ill-health, and members of local communities, to live well.

Ambition 1: Services and service developments are co-produced with people with lived experience of mental ill-health and members of local communities, and build on data, intelligence, and engagement.

Objective 1: Local residents and people from a range of population groups are engaged in creating community networks and co-producing mental health and wellbeing activities and interventions using a strengths-based approach.

Ambition 2: Physical health is improved among people with severe mental illness.

Objective 1: The number and quality of physical health checks is improved for people with severe mental illness.

Ambition 3: Support and care provided takes a proportionate universalism approach that tackles inequalities, builds on strengths, and is responsive to risk and mental health need.

Objective 1: Services are targeted proportionately to where, or among whom, need is greatest.

Objective 2: Mental health support is available for people with a dual diagnosis.

Objective 3: Holistic support is provided for people living with mental ill-health that incorporates consideration of the wider determinants of health such as financial pressures, employment and housing.



Appendix 1 – Case Studies

Green Social Prescribing (GSP) (Sustainable Services)

The BNSSG ICS Green Social Prescribing partnership was one of seven pilot sites helping people access nature to improve health outcomes. Launched in 2021, over 3,000 people have been supported to access the natural environment: ranging from mothers experiencing post-natal depression, school age children experiencing anxiety, working adults with low mood and older adults with dementia.

A range of opportunities were available, whether it was in farming, woodland conservation, nature photography, horticulture therapy or open water swimming. Multiple high quality interventions were available to support our community, including making positive contributions to promoting biodiversity. We also worked to offer anti-depressant prescription alternatives.

“Wild swimming has helped significantly reduce the quantity and intensity of suicidal thoughts I was having.”

Open water swimmer referred via primary care.

Mental Health in Schools

AWP has worked with local charity ‘Off The Record’ to provide Mental Health Support Teams in schools in Bristol, North Somerset, Swindon and South Gloucestershire.

They provide interventions for young people with mild to moderate mental health needs, and help develop a whole school approach to mental wellbeing. This type of support is non stigmatising for young people and less disruptive to education. Families are included as a key part of the support team and there is access to further services if needed. The service covers approximately half of our schools and colleges, based on need.

“OTR’s intervention has had a huge impact – the students have been supported quickly and proactively, and at an early stage”

BNSSG teacher

Integrated Access Hub

The Urgent Assessment Centre is a pilot crisis service operating 7 days a week between 5pm – midnight. It provides a safe space for people in mental health crisis who are referred from 999, 111 or emergency departments.

Offering holistic mental health assessments to understand needs during a crisis, it provides mental health coping skills, emergency support with housing and finance, and ongoing help. The service provides clear and planned recovery next steps, preventing people feeling alone in a period of crisis. This has meant reductions in police use, ambulance time and those waiting in a physical health emergency departments for mental health support.

“I think that it was just the fact that I didn’t have to go into hospital. I felt like I could come here and it was a way of calming down without having to spend hours at the hospital for them not to do much. I feel a lot safer going home now”

UAC service user

Appendix 2 – Glossary

AWP Avon and Wiltshire Mental Health Partnership NHS Trust

BNSSG Bristol, North Somerset, and South Gloucestershire

CIC Children in Care

Co-produced

The term 'co-production' describes working in partnership by sharing power between service users, carers and families, to ensure that our service accurately fits their expressed need

DD In this strategy, dual diagnosis refers to the simultaneous presence of a mental health disorder and a substance use disorder

DfE Department for Education

IAPT Increased Access to Psychological Therapies (NHS Talking Therapies)

IMHN Integrated Mental Health Network, consisting of a diverse network of people with lived experience of mental ill-health.

ICS Integrated Care System, comprising of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP)

BNSSG ICS was set up on 1 July 2022, along with another 42 across the country, to plan and deliver joined up health, council and voluntary sector services, for the people who live and work within the area. Within North Somerset are two Locality Partnerships.

LP Locality partnership work at a local level with their communities, to improve health and wellbeing. North Somerset's two locality Partnerships are Woodspring, and Weston, Worle and Villages

NSC North Somerset Council

OTR Off the Record: mental health support and information service

PH Public Health

PHRS Public Health and Regulatory Services

SMI Severe Mental Illness. This term is used to describe anyone whose life is enduringly affected by mental ill health.

Sirona CIC PHN

Public Health Nurses employed by Sirona Care and Health a not-for-profit community interest company

SEND Special Educational Needs and Disabilities

VANS Voluntary Action North Somerset

VCSFE Voluntary, community, faith and social enterprise (VCFSE). These organisations have formed an alliance/enterprise to facilitate joined up working to improve health and care outcomes.

WAWY We are With You: an organisation providing free confidential support to anyone with drug, alcohol or mental health issues.

WHO World Health Organization

This publication is available in large print, Braille or audio formats on request.

Help is also available for people who require council information in languages other than English.

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