

BARNSLEY
MENTAL HEALTH AND WELLBEING
STRATEGY
2021 – 2025

To be reviewed 2022/23

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Introduction/Foreword

This Barnsley All-age Mental Health and Wellbeing Strategy will help to ensure that we have the conditions and culture to enable everyone within the local community to achieve their potential. This means that all residents of Barnsley will be able to enjoy those things that help them feel positive about their lives and gain access to high quality support and compassionate services when they need them.

This strategy will reflect the following, positive definition of mental health, as stated by the World Health Organisation (WHO), which is broader than just mental illness:

‘A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.’

Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live. It is acknowledged for example, that people on low incomes have higher rates of mental health conditions, particularly severe and enduring problems, than those in higher income groups.

Mental health and wellbeing is therefore something that affects us all and only by coming together to address the wider factors that affect mental health, by improving services and focusing on prevention, will Barnsley achieve its ambition of being a mentally healthy community.

By implementing this strategy, it is our aim and our ambition, to improve the emotional health and wellbeing of all who reside within the Barnsley borough.

Strong local partnerships have already worked closely together to develop this strategy as it is recognised that working collaboratively with other interested parties helps to develop a more robust and effective strategy. Partners will continue to work closely together to develop and implement an associated strategy delivery plan. Implementation of the delivery plan will enable us to improve the life outcomes of the local population.

The development of this strategy has been overseen by the Barnsley Mental Health Partnership Board, whose members represent SWYPFT (South and West Yorkshire Partnership NHS Foundation Trust), the main mental health service provider in Barnsley, and other mental health service providers and practitioners (NHS and voluntary organisations), mental health service users and carers, Public Health, Commissioners, Local Authority, Barnsley Healthwatch, Barnsley Hospital, and South Yorkshire Police. The Mental Health Partnership Board reports directly into the Barnsley Health and Wellbeing Board.

Over the course of this strategy's development several principles and themes have emerged. These themes are reflected by everyone involved in developing this strategy agreeing to:

- Ensure that service re-design and future service developments are produced in conjunction with people with 'lived experience'. This way of working sees service users and service providers working together to reach an agreed outcome(s).
- Understand the impact of trauma and adversity on peoples' mental health.
- Have a strong focus on the wider social determinants of mental health and illness. These are a broad range of social, economic and environmental factors which impact on people's health and include things such as education, housing and employment status.
- Ensure parity of esteem - that is, to value mental health equally to physical health.
- Challenge stigma and prejudice.
- Ensure actions and service developments / design are evidence-based.
- Adopt a recovery focus where possible - in terms of mental wellbeing a recovery focus means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.
- Address issues of inclusion and diversity - inclusion is about giving equal access and opportunities and getting rid of discrimination and intolerance. Diversity is about respecting and appreciating what makes people different.
- Adopt a focus on prevention and early intervention with education being the key focus. By early intervention we mean getting help early for people showing the early signs and symptoms of a mental health difficulty and people developing and experiencing a first episode of mental illness.

Having considered all of the local data and intelligence relating to local mental health services and feedback from service users and service providers, the Mental Health Partnership Board agreed to have a greater focus over the next 12 months on eating disorder services, crisis care and self-harm support services, as there are particular challenges being experienced locally within each of these areas.

The development of this strategy is not an end in itself. Together with the strategy delivery plan, the strategy will be continuously reviewed and updated by the Barnsley Mental Health Partnership Board, at least on an annual basis, to ensure that it always reflects both national demands and local need.

Adrian England

Chair, Barnsley Mental Health Partnership Board

MENTAL HEALTH IN BARNSELY – A LOCAL PICTURE

MENTAL HEALTH IN BARNSELY

[Barnsley's Joint Strategic Needs Assessment](#) provides a picture of the health needs of the local population, including mental health and wellbeing. Data from the JSNA and Public Health Outcomes Framework has helped to inform this strategy.

Mental Health



Around **32,000** adults living in Barnsley have been diagnosed with depression (2019/20)

The number of those diagnosed with depression has increased year-on-year since 2013/14

3.18% of Barnsley school pupils have social, emotional, and mental health needs – higher than regional and national figures

Health-related quality of life for older people is **significantly lower** than the national average



The estimated prevalence of common mental health disorders in Barnsley (depression or anxiety) at **19%** is higher than both regional and national rates

Mental Wellbeing

In 2019/20 the proportion of people in Barnsley reporting **high happiness and high satisfaction** scores was around 75% for high happiness and around 81% for high satisfaction. Both scores are **similar to** the England and Yorkshire and Humber averages



10.3% of Barnsley residents have a **low or very low happiness score**

Between 2011/12 and 2019/20 the number of people reporting high happiness and high life satisfaction has **increased by almost 10%**

Severe Mental Illness (SMI)

The prevalence rate for severe mental illness in 2019/20 was 0.78% – a slight reduction on the previous ~~time period~~ and lower than both regional and national averages. This may represent a **under diagnosis of the conditions**, rather than a truly lower rate of severe mental illness in Barnsley

Barnsley's mortality rate in adults with severe mental illnesses of **126.4 per 100,000** is significantly higher than the England rate (94.8) and is the **second highest rate in the Yorkshire and Humber region**



Mental Health and Substance Misuse

Barnsley rates for hospital admissions – where drug or alcohol related mental health and behavioural disorders are a factor – are **significantly above regional and national rates**



Local data shows a **significant increase since July 2020** in the number attendances at Barnsley A&E department for mental health presentations where substance misuse disorders were a factor

50% of those who have taken their own life in Barnsley over the last 3 years had a **history of some form of alcohol and/or drug use**

Self-harm and Suicide

Barnsley has the highest rate of hospital admissions due to self-harm in the Yorkshire and Humber region. **This rate increases in our more deprived communities**



Barnsley's 2017/19 suicide rate per 100,000 population of **12.7** is higher than the England rate of 10.4 per 100,000. **The rate of suicide for males in Barnsley is several times higher than the female rate**

Risk Factors

Barnsley has a higher prevalence of social and behavioural risk factors that affect mental health and wellbeing including:

A key determinant of mental health is deprivation. Higher levels of overall deprivation and health inequalities exist within Barnsley, with just under **22%** of our neighbourhoods being in the 10% most deprived in England.



There are higher levels of child poverty with **24.7%** of children living in relative poverty compared to a national average of 19.1%

There is a **high prevalence of behavioural risk factors** in Barnsley including smoking, poor diet and exercise and alcohol consumption. These factors are wider determinants of people's general mental health and wellbeing



Protective Factors

A variety of lifestyle factors and behaviours have a protective effect for our mental wellbeing and health including:

School readiness
70.4% of Barnsley children have achieved a good level of development at the end of reception



Employment
The gap in the employment rate for those in contact with secondary mental health services and the overall employment rate is **66.5%**



Social connections
20% of adults in Barnsley report feeling lonely often/always or some of the time

Physical Activity
36% of Barnsley adults and **32%** of Barnsley children are physically inactive



WHAT SERVICE USERS HAVE TOLD US

Consultation with Barnsley mental health service users, undertaken by Barnsley Mental Health forum has informed this section. The figures and percentages below relate those who responded to the survey, and are not necessarily representative of all mental health service users in Barnsley.

Overall service users told us that:



- 1 in 2 people didn't know where to get help with their mental health
- 1 in 4 didn't feel they got the help they needed for general mental health plans
- 1 in 2 people who were in mental health crisis didn't get help when they needed it
- 1 in 3 comments about service experiences were negative (2 in 3 negative comments concerned waiting for mental health services, 1 in 3 were due to mental health system failures).

When experiencing mental health crisis:

- 50% felt able to get the help when they needed it (64% in 2016)
- 57% felt that they got the help they needed (70% in 2016)
- 57% reported receiving any treatment after experiencing a crisis (60% in 2016)
(Crisis Survey 2019)

Things that don't help service users are:

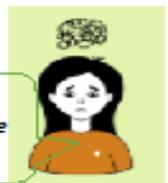
- Not having help available out of hours other than the Accident and Emergency Department (A&E), as well as A&E not being considered the right place to go in a crisis (long waiting times, not considered helpful and no access to treatment or referral for treatment)
- Not being well enough to look for and get help when in a crisis
- A long wait to see a GP and a lack of compassion in staff
- 48% have waited more than a year to receive help (16% more than 3 years)
- Too much focus on self-management of mental health when it can be difficult for service users to fully grasp their responsibilities whilst experiencing mental health issues.

"Services often target people with low to medium MH issues and people can sometimes be too ill to get this support"

It has been suggested that:

- There is a service available for those experiencing mental health crisis 24 hours, everyday – and that this is easy to navigate for someone in extreme distress
- Information about crisis services should be easy to find, clearly written and include how to gain access to them
- Clearer information is provided about medication(s) and potential side effects
- Once a crisis has passed, people should be supported to prevent it returning by having follow up support and crisis planning
- General mental health services must avoid delays, waiting lists and cancellations as these can result in people's mental health deteriorating rapidly into crisis.
- There is a universal support network across the Borough to provide holistic care.

"No crisis support, long wait to get GP appointment, A&E not right place too frightening"



Above all:

Sufficient services available for the different levels of need that people in Barnsley have;

and

A need to improve the availability, flexibility, integration, and compassionate response of services for people with a mental health need.

"Face to face services are important to people who are mentally unwell. I am concerned that mental health services are now delivered online or by phone. I feel this just isolates people even more."

Barnsley has developed its vision for 2030, outlined in the local strategy 'Barnsley 2030'. Implementation of this mental health and wellbeing strategy will enable delivery of some of the key ambitions contained within Barnsley 2030.

We want everyone in Barnsley to have a good life. This means everything from a quality place to call home, to good physical and mental wellbeing and a sense of self-worth through diverse and secure employment opportunities. It is also about having access to the best possible local facilities in a community that values our people and our place.

Our vision, 'Barnsley – the place of possibilities' requires us to focus on four key aspects:

- Healthy Barnsley
- Growing Barnsley
- Learning Barnsley
- Sustainable Barnsley

This all-age mental health and wellbeing strategy is a key enabler of a 'healthy Barnsley' but will also impact on delivery of the overall Barnsley 2030 vision. Keeping ourselves and our families well is key to living productive and happy lives. We want to look after and support each other, as loving where you live has a huge, positive impact on your physical and mental wellbeing. We also want to ensure that people can access all of the care and support they need, at the right time and in the right place – keeping access to services as local as possible.

It is essential therefore that everyone is able to enjoy life in good physical and mental health and that we have fewer people living in poverty with everyone having the resources they need to look after themselves and their families. We need to provide an environment in which our diverse communities are welcoming, supportive and resilient.

Digitally-enabled Mental Health Care

NHS England and NHS Improvement, as part of the NHS Long Term Plan, want to ensure that by 2024 all mental health service providers will be fully digitalized and integrated with other parts of the health and care system.

Additionally, NHS England and NHS Improvement will continue to support the development of apps, digitally enabled models of therapy and on-line resources to support good mental health and enable recovery.

It is acknowledged however, that not everyone has a home environment that makes confidential on-line conversations possible, nor does everyone trust the use of apps. In a CQC Community Mental Health report (published Dec 2021) the CQC states that, "many people reported negative experiences of remote care, noting that:

- Building a therapeutic relationship with a clinician they were not familiar with was uncomfortable
- There was lack of choice in the mode of remote treatment
- Remote appointment times were more likely to be altered or cancelled altogether

Although remote mental healthcare is likely to become increasingly widespread in secondary mental health services, it remains vitally important to have a tailored, personal approach to decision making in this area.

Nevertheless, it is expected that by 2023/24, local systems will offer a range of self-management apps, digital consultations and digitally enabled models of therapy. It is also expected that systems utilise digital clinical decision-making tools. These will be NHS approved.

We are already making good progress towards this ambition in Barnsley, with self-care apps and on-line resources and therapy to be available in 2022.

The local mental health service providers, especially our main provider of services SWYPFT, have moved quickly and successfully to developing digitally enabled mental health care as part of their response to the Covid-19 pandemic. We will continue to encourage our mental health providers to enhance their offer of digitally-enabled mental health care but we will ensure that this is not the sole method of delivery as there will always be a proportion of our local population who are unable, for many reasons, to access this form of care.

WIDER DETERMINANTS OF MENTAL HEALTH

Our mental health and many common mental disorders are shaped by the social, economic, and physical environments in which we live, at different stages of life. Throughout the current coronavirus pandemic, these issues have contributed to widening health inequalities.

Cycles of poverty and trauma can stay with families over decades and this may lead to challenges for these families in being able to access the most appropriate service that is able to support them effectively.

Our aspiration is to reduce mental health inequalities associated with wider factors including:

- **Employment/income** (good quality employment linked to education & skills; supportive workplaces; impact of worklessness)
- **Housing** (quality/type of housing; housing conditions, energy efficiency)
- **Transport** (connectivity; access to public transport and active travel)
- **Air quality/noise** (built up areas; traffic/congestion)
- **Access to green space & physical activity** (accessible routes; using indoor/outdoor opportunities for physical activity) - recognizing the impact that seeing nature and wildlife has in making many people feel emotionally at ease.

Employment & mental health

There is clear evidence that good work improves mental health and wellbeing across people's lives and protects against social exclusion. There is also evidence that unemployment can impact on an individual's mental wellbeing, as it is associated with an increased risk of ill health and premature death. For people with mental health problems, this can be a barrier to gaining and retaining employment.

Combined costs from worklessness and sickness absence amount to around £100 billion annually, so there is also a strong economic case for action. Addressing and removing health-related barriers requires collaborative work between partners from across the private, public and third sectors at both national and local level.

There is a significant gap in the rate of employment amongst people in contact with secondary mental health services and the overall employment rate (2019-2020)

- England = 68.2%

- Yorkshire & Humber = 64.5%
- Barnsley = 65.8%. This gap has increased by almost 3 percentage points from 2018/19

Volunteering can be an excellent bridge from unemployment to employment as volunteering opportunities can create safer, lower pressured environments to build a person's sense of confidence, esteem and self.

Housing & mental health

Good-quality, affordable and safe housing is vital to our good mental health, as well as supporting those people with existing mental health conditions. Research shows that those who are homeless, or at risk of homelessness, are much more likely to experience mental distress and a significant number do not access the support they need.

Compared with the general population, people with mental health conditions are:

- one and a half times more likely to live in rented housing
- more likely to experience instability with regards to tenancy agreements
- four times as likely to say that it makes their health worse.

The experience of mental ill health is different for everyone, and therefore, housing solutions for people with mental health problems must be equally diverse.

Living in cramped or overcrowded accommodation or in a cold, energy inefficient home can impact on our mental health and people living with existing mental health issues are more vulnerable.

Green space and Mental Health

There is growing evidence showing the positive impacts of greenspace on our mental health. For both children and adults, being in or near to natural environments enhances emotional wellbeing, reduces stress and improves resilience. Greener environments have been shown to reduce levels of depression, anxiety, and fatigue and the beneficial effects are greatest for the most deprived groups.

Culture and Arts

Access to cultural experiences, e.g., museums, events, music and dance, have significant, positive impacts on mental health and wellbeing, either as a preventative measure or as part of recovery from mental ill health

What will we do to achieve the above?

- Improve the conditions of daily life across the life course to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities

- Ensure that mental health outcomes are included in all relevant local partnership strategies/policies (including Barnsley Inclusive Economy strategy, More & Better Jobs, Housing strategy and Transport strategy)
- Develop improved integrated interventions for tackling wider factors impacting on an individual's mental health
- Prioritise the promotion of employment support via frontline NHS & care services, primary care teams, community services & CVS sector
- Strengthen mental health support for businesses, particularly employers & employees in Small & Medium Enterprises
- Establish effective hospital discharge arrangements for people with mental health conditions for a range of community support, including housing & employment.

EARLY INTERVENTION AND PREVENTION

Early intervention means getting help early for people showing the early signs and symptoms of a mental health difficulty and people developing and experiencing a first episode of mental illness. Working with families (or specifically with parents) to build their understanding of the positive impact of good mental health and how to nurture good mental health is essential. A key aspect of early intervention and prevention therefore is education.

Benefits of early intervention for someone experiencing a mental illness may include:

- Lower risk of relapse
- Less stressful assessment and treatment
- Reduced need for hospitalisation
- Reduced family disruption and distress
- Improved recovery
- Reduced risk of taking own life

We all have mental health; however, not all of us live with good mental health. When our residents experience good mental health, we can make full use of our abilities, cope with the normal stresses of day-to-day life and play a full part in our families, workplaces, communities and among friends. Despite our mental health being such an important personal and social resource, the extent of mental health problems in the population means that too many of us are struggling, rather than thriving and reaching our full potential.

We need to help people to develop personal resilience to sustain good mental health, promoting good mental health for all, across the life course from childhood to old age, including families and carers and work in schools. Many people may turn to their faith for support and we therefore need to consider the role of faith groups in supporting early intervention and prevention.

We need to increase capacity in the community, including primary care, to support early intervention and prevention and prevent crisis situations. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at a local level. This will draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality. Indeed, there is already a huge contribution to the promotion of good mental wellbeing in Barnsley by VCSE (Voluntary, Community and Social Enterprise) organizations who are commissioned to provide low level prevention services. Greater focus will be placed on these services to enable communities to remain resilient.

We need to encourage a positive attitude to mental health and wellbeing and work towards prevention and early intervention to support lifelong good mental health being everybody's priority. We want mental health to be as important as physical health. We know there's things we can do as individuals to improve our mental health, but we also recognise the importance of other important wider factors such as housing, good employment, transport links, clean air and green spaces can have on our mental health.

The vision within this section of the strategy will:

- Provide early help, support, advice, and services to anyone who is struggling with poor mental health.
- Make improving the support of our children and young people's emotional wellbeing and mental health a priority and continue our work to transform services.
- Enable resilience in the support of our communities, working in partnership with the third sector, education and community leaders to transform the mental health and well-being of Barnsley residents
- Be based on best evidence and best practice
- Recognise the main stages in life that affect us all differently and which can also impact on our mental wellbeing
- Challenge mental health stigma and promote social inclusion and social justice for everyone affected by mental illness
- Foster joint partnership working, cutting across organisational boundaries and disciplines to secure improvements within the borough, in turn increasing sustainability and the effective use of limited resources
- Build capacity and capability across our workforce to help to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action

How will we do it, within the lifetime of this strategy?

We will have a strong focus on prevention, early intervention, resilience and recovery, as we believe a fundamental shift in focus is key to improving mental health and well-being in Barnsley. While delivering a responsive, effective and sustainable mental health system, we will realise our vision for mental health and well-being by:

- Working in partnership and developing services with clinicians, experts by experience, families and carers
- Drawing on up-to-date evidence and best clinical practice, whilst also innovating and trying new things
- Developing models of care that are based on best evidence and best practice working alongside people who use the services and across organizational boundaries and disciplines to secure improvements and which are tailored to local needs
- Continuing to remodel our services to get support to people at the earliest opportunity, with a focus on support for recovery, promoting inclusion and empowerment.
- Empowering and supporting people to manage their own conditions and take control of their lives through choice and control.
- Rebalancing the system – early access to help and support may help to reduce demand on acute and crisis services
- Improving services for children and young people by intervening earlier and addressing mental health and wellbeing issues in schools and colleges
- Ensuring that mental health outcomes are included in all other relevant partnership strategies/policies that support the wider determinants of health (Good Housing, Employment, Transport, Access to Green Spaces)

START WELL

Perinatal Mental Health (0 – 2 years)

Perinatal Mental Health (PMH) problems generally refer to those which occur during pregnancy or in the first 24 months following the birth of the child. Anxiety and depression are the most common mental health issues in the perinatal period.

Perinatal mental illness affects up to 20% of new and expectant mums and it is important that perinatal mental illness is treated because if left untreated, these mental health issues can have significant and long-lasting effects on the women, the child and the wider family.

Expectant mums in Barnsley, who are experiencing mild to moderate levels of anxiety and depression, have priority access into the local Barnsley IAPT (Improve Access to Psychological Therapies) service, as this service will be able to provide the appropriate level of support they need.

Barnsley also has a Specialist Perinatal Mental Health service which provides care and treatment for women with more complex mental health needs whilst supporting the developing relationship between parent and baby. Specialist perinatal mental health services also provide pre-conception advice to women who have had previous perinatal mental health issues or have existing perinatal mental health needs. Some women may need support in relation to the trauma experienced through having a disability screening test and the potential family breakdown that may follow a positive test result. Support may also be needed for women and their partners following loss through miscarriage, stillbirth and neonatal death.

Barnsley has a Specialist Mental Health midwife based in the maternity department at Barnsley hospital, who provides low level emotional health and wellbeing support. In addition, Barnsley are also developing services to support women who have experienced PTSD (Post Traumatic Stress Disorder) as a result of 'birth trauma' or loss. This service is developing in conjunction with maternity services in each of the other South Yorkshire localities (i.e., Rotherham, Doncaster and Sheffield) and is based on the evidence that having a 'birth trauma' service to support these women and their families, significantly reduces their levels of stress, anxiety and depression.

Over the next 2 years we will improve the outcomes of pregnant women and their families by:

- Extending community perinatal mental health services from pre-conception to 24 months after birth, which is aligned to the cross-government ambition for women and children, focusing on the first 1001 days of a child's life.
- Expanding access to evidence-based psychological therapy services to include parent infant, couple, co-parenting and family interventions
- Undertaking partner assessments - i.e., ensuring partners of women accessing specialist perinatal mental health services and maternal mental health services receive an evidence-based assessment of their own mental health and that they are signposted to the most appropriate support for them.
- Introduce an 'After thought / compassionate listening' service
- Extend the birth trauma service to include all loss – including birth removal
- The Barnsley Maternal Mental Health group (membership includes midwives and obstetricians, perinatal mental health practitioners, Public Health, Commissioners and service users as part of the local Maternity Voice Partnerships) will look to 'Make all Care Count' by working together to develop a clear pathway across all the relevant statutory and voluntary sector services.
- To promote and identify opportunities to further develop Peer support and encourage new people to become involved in the service user Maternity Voices Partnership (MVP) to provide ongoing feedback to services and to become involved and influence new service development.

Children and Young People (Currently 0-19 years old)

To better support the emotional health and wellbeing of Barnsley's children and young people we are focusing our efforts on implementing the recently co-produced CAMHS (Children's and Adolescent Mental Health Services) Service Specification; implementing the recommendations of the Department of Education's 'Green Paper: Transforming Children and Young People's Mental Health provision'; continuously engaging with young people so that they are able to influence service design and development; and implementing the action plan of the Children and Young People's Emotional Health and Wellbeing group.

In the immediate term, partners (including CAMHS, Mental Health Support Teams in Schools and colleges, Early Help Services, Chilypep and other charitable/third sector organisations, Public Health Nursing Service) are working together to ensure that our children and young people are appropriately supported with regards to the impact(s) of the coronavirus pandemic on themselves, their family, their friends and their local community.

To ensure that children and young people experience positive emotional health and wellbeing and build resilience, all partners will work together to provide a borough in which:

- Early signs and indications of poor mental health and wellbeing will be recognised and all children and young people will have access to the most appropriate support at the earliest possible opportunity.
- All children and young people have access to high-quality emotional health and wellbeing support linked to their school or college and, if required, fully outlined within their Education, Health and Care Plan (EHCP).
- All professionals working with children, young people and their families will have a good understanding of emotional health and wellbeing and services will be needs-led rather than focusing on the diagnosis or condition.
- The most vulnerable young people in our community (e.g. those with a Learning Disability or Special Educational Need, Children in Care, young carers, young people with Autism or ADHD, young people educated at home and those young people who identify as LGBTQ+) will have targeted support to identify the specific needs unique to each group to ensure they are able to access the most appropriate support that best meets all of their needs.

The NHS Long Term Plan has committed to expanding mental health services for children and young people, reducing unnecessary delays and delivering care in ways that work best for children, young people and their families. The NHS Long Term Plan identifies priority areas for children and young people's mental health services, including

widening access to community services, investment into eating disorder services, support for young people during a mental health crisis and developing new approaches to supporting young adults aged 18 – 25.

Over the last 12 months within Barnsley there has been a significant increase in referrals citing emotional health and wellbeing as the main concern. Early Help data, as of 31/03/21, shows that 3,544 children and young people were subject to Early Help assessments – an increase of 846 when compared to the previous 12 months. Of these Early Help Assessments, 35% had the primary concern of emotional health and wellbeing. Within the same time period, we have also seen a 45% increase in the numbers of children and young people attending Barnsley Hospital's Emergency Department as a result of anxiety, depression or low mood, alongside a 6% rise in admissions due to overdose. Compared to the whole of Yorkshire and Humber, Barnsley has more than twice the number of 10 – 24 year olds admitted to hospital as a result of self-harm.

To combat the issues outlined above, and to better support our children and young people's emotional health and wellbeing, a system-wide Emotional Health and Wellbeing Improvement Plan has been developed, and the implementation of the plan within the 6 key focus areas, has begun. The areas of focus include:

- Workforce training and development
- Early intervention and prevention
- The role of schools and education workforce, including colleges, early years establishments and those electively educated at home
- Working together: A better journey through mental health services
- Improved support for vulnerable children and young people
- Co-production and engagement

Transition between educational establishments and between CAMHS and Adult Mental Health Services are areas which we are already aware need to be improved and transition is an aspect that will be covered within the key focus areas outlined above.

A Single Point of Contact is currently being developed for children and young people and their families, where ALL requests for support around emotional health and wellbeing will be accepted. Ongoing consultation and engagement with children and young people and their families will help to influence the design and operation of this service development. It is expected that the Single Point of Contact will improve access to services and ensure that children and young people and their families will receive the most appropriate support as early as possible.

LIVING WELL (Adults 18 – 65)

The Community Mental Health Framework for Adults and Older Adults provides a historic opportunity to achieve radical change in the design of community mental health care by moving away from siloed, hard to reach services towards joined-up care and whole population approaches and establishing a revitalised purpose and identity for community mental health services. It supports the development of Primary Care Networks, Integrated Care Systems and personalised care, including how these developments will help to improve care for people with severe mental illness.

Through the adoption of this Framework (as part of this local mental health strategy), people with mental health problems will be able to:

- Access mental health care where and when they need it.
- Manage their condition or move towards individualised recovery on their own terms.
- Contribute to and be participants in local communities.

Within this Framework, close working between professionals in local communities is intended to eliminate exclusions based on a person's diagnosis or level of complexity and avoid unnecessary repeat assessments and referrals. In the more flexible model envisaged by the Framework, care will be centered around an individual's needs and will be stepped up or down based on need and complexity, and on the intensity of input and expertise required at a specific time.

Promoting positive emotional health and wellbeing of all Barnsley residents is a key ambition of this all-age mental health strategy. This ambition is aligned to the aspirations of the NHS Long Term Plan, which focuses on specific aspects of adult mental health within the community. The key aspects include:

- Improving the physical wellbeing of those experiencing mental ill health.

We are all aware that those with complex mental health needs are more often than not, disadvantaged and socially deprived than those in the wider population. This applies to all aspects of their lives, including housing, meaningful and paid occupation and social support and networks.

- Improving the quality of life for those with complex mental health issues in Barnsley by ensuring that:
 - i. GP held information is cross-referenced to ensure nobody has been overlooked

- ii. Local mental health service providers liaise with local agencies, including My Best Life, Age UK Barnsley, Barnsley Premier Leisure, Penistone Health Centre, Barnsley Carers Service, Barnsley and Rotherham MIND, Samaritans, to work together with the person and their family.
- iii. NHS England funding is utilized to make wellbeing equipment available to residents via community hubs – this equipment includes blood pressure monitors and fit-bits.
- iv. Staff are trained as wellbeing practitioners – we will provide programmes of training to staff in the use of equipment / physical health interventions e.g., stop smoking, weight management, venepuncture, ECG's (Electro Cardio Graph machines), exercise, self-management of health conditions.
- v. We develop and mobilise a Physical Health Pathway with SWYPFT's (South and West Yorkshire Partnership NHS Foundation Trust) in-patient and Community Teams.
- vi. We will deliver bite-size physical health training to mental health staff within SWYPFT.
- vii. We will deliver 'interacting with service users with mental illness' awareness training to all GP Practice colleagues
- viii. Where appropriate we will work with business settings to support them in developing Mental Health policy / standards for their own workforce.

- Improving access to all services providing mental health support / advice and/or treatment.

Over the past 2 years Barnsley's Mental Health in-patient wards and Intensive Home-based Treatment Team have seen a significant rise in the number of service users using these services. We are also seeing a higher level of need and treatment required at first assessment than was previously seen prior to the pandemic.

Improvements will be made by:

- i. Ensuring that the local population are aware of how to access those services that will improve their emotional wellbeing.
- ii. Bringing all mental health services / providers together to support the mental wellbeing of our communities.
- iii. Community supporters working proactively across all neighbourhoods developing strong links within the community and linking Barnsley's Recovery College within General Practices and local community assets. Working with Barnsley Carers Service to identify carers, in order to give them the information, advice, emotional and practical support they need, in order to prevent carer breakdown. Working with adult learning

organisations , such as Adult Skills and Community Learning, which offer activities and courses to people to help them improve their health and wellbeing – <https://www.barnsley.gov.uk/services/adul-skills-and-community-learning> in addition, Northern College offer specialist provision for people experiencing mental ill health

- iv. Reducing the numbers of residents taking their own lives and developing crisis alternatives to better support people experiencing a mental health crisis.
- v. Introducing Mental Health Practitioners working across secondary and primary care to provide brief interventions based on a biopsychosocial model.
- vi. Working with Creative Minds (a charitable organization linked to SWYPFT) to develop community assets across Barnsley, promoting creative ways in managing individual's personal wellbeing and resilience.
- vii. Working closely alongside addiction services to jointly support those dealing with both mental health and addiction issues (dual diagnosis).
- viii. Promote the Barnsley 3rd Sector Dementia Alliance – this is 6 local charities (Age UK, Alzheimers Society, BIADS, Butterflies Dementia Support and Activities Group, Crossroads Barnsley, and Making Space/Barnsley Carers Service) working together to reach the estimated 3000 people living with Dementia in Barnsley and their carers and other family members. The Alliance offers a range of Dementia Friendly social activities to keep these groups connected to each other and to other local services

➤ Ensuring accessible and timely help for those experiencing Personality Disorder.

There are currently 10 types of diagnosed personality disorders which can be broadly categorized into three groups:

- a. Suspicious
- b. Emotional and impulsive
- c. Anxious

Within Barnsley we are currently experiencing challenges relating to people with Borderline Personality Disorder. Borderline Personality Disorder (grouped within the Emotional and impulsive category) is a severe mental disorder resulting from serious dysregulation of the affective system. Individuals with this disorder and associated difficulties demonstrate a characteristic pattern of instability in emotional regulation, impulse control, interpersonal relationships and self-image. People with these difficulties are more likely to self-harm and feel suicidal.

We will improve the emotional health and wellbeing of Barnsley people who experience these difficulties and any other challenges experienced in relation to their diagnosed personality disorder, whichever type this is, by:

- i. Developing and implementing a Personality Disorder pathway, including the introduction of Dialectical Behaviour Therapy (DBT) and Mentalisation Based Therapy (MBT) which has not previously been offered.
- ii. Enabling the mental health staff of SWYPFT to receive Structured Clinical Management (SCM) training to enable teams to work with those with complex needs more effectively as a team.
- iii. Working with people with lived experience to shape how this pathway evolves and to provide training for staff around collaborative care planning to ensure multi-agency input.
- iv. Ensuring partners work together to provide a supportive network for those with Personality Disorder and their families.

➤ Improving Access to Psychological Therapies (IAPT)

The NHS Long Term Plan states that 9 out of 10 adults with mental health problems are supported within Primary Care. The IAPT programme, delivered by Mental Health Foundation Trusts, often within Primary Care, is aimed at treating common mental health conditions such as stress and mild to moderate anxiety and depression, is world leading and it is acknowledged that Mental illness is a leading cause of disability in the UK. IAPT services have now evolved to deliver benefits to people with long term conditions (e.g., diabetes, heart conditions, cancer) and more than half of those people using IAPT services nationally, are moving to recovery.

We will continue to improve access to Barnsley's IAPT service by ensuring:

- i. A Psychological Wellbeing Practitioner is based within Barnsley's long covid clinic.
- ii. Where clinically appropriate, offer group therapy for new referrals to the service in order to treat as many people as possible. This is not a 'lesser service' offer than 1:1 but is an equivalent NICE guidance treatment protocol. 1:1 treatment sessions will still be offered where appropriate.
- iii. Promoting the IAPT service on social media (e.g., Facebook), websites, leaflets posted to each household within the borough and in sporting programmes, such as Barnsley Football Club programmes and fixture lists

Encourage more men to access the service to help reduce the numbers of suicide and suicide attempts

AGEING WELL (65+)

Barnsley's ambition is to create age-friendly services which tackle ageism and where partners work together to ensure equitable and accessible services are available to provide the most appropriate support to meet the emotional health and wellbeing needs of the older people within our local communities (NB: Older people generally refers to those who are 65 years old or older – however, services in Barnsley will be 'needs-led' rather than 'age led').

As our Barnsley residents become older, they will experience significant life changes; long term illness, bereavement, retirement, carer responsibilities, re-housing and financial pressures. Our mainstream primary and secondary health and social care services with support from our charity and voluntary sector will assess and offer holistic emotional age friendly health support directly or by referral.

The World Health Organisation's (WHO) Age Friendly Cities concept is a local response to encouraging active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Within Barnsley we will support local services to meet the Age Friendly Cities Framework and we are working together to improve the support to those people experiencing social isolation. The devastating impact of loneliness and bereavement on the elderly cannot be underestimated.

To support healthy ageing, Barnsley Metropolitan Borough Council have signed up to the following 5 commitments, as outlined in the National Healthy Ageing Consensus Statement:

- Putting prevention first and ensuring timely access to services and support
- Removing barriers and creating more opportunities for older adults to contribute to society
- Ensuring good homes and communities to help people remain healthy, active and independent in later life
- Narrowing inequalities in years of life lived in good health
- Challenging ageist and negative language, culture and practices wherever they occur, in both policy and practice

The NHS Long Term Plan aspires to give older people greater control over the care they receive. The Plan promotes a multidisciplinary team approach where all health professionals work together in an integrated way to provide tailored support that helps people live well and independently at home, for longer.

The IAPT Older People's Positive Practice Guide has been produced by Age UK and the Mental Health Foundation to provide a resource to therapists who work with older people. It is hoped the publication of this guide addresses the diverse needs of older people, as a dismantling a number of myths and misconceptions which may have

prevented them from receiving access to psychological therapies, and includes numerous examples of actions to improve access, with contemporary information and practice suggestions to enhance their practice, implement service reviews or make reasonable adjustments for older people.

Mental Health and Older People

One in four older people have symptoms of depression that require treatment, but fewer than one in six older people with depression seek help from their GP. Care home residents are at an increased risk of depression. It can also be a major cause of ill health, with severe effects on physical and mental wellbeing.

Care home residents are at an increased risk of depression and older people generally are particularly vulnerable to factors that may lead to depression, such as bereavement, physical disability and illness and loneliness. Older people are particularly vulnerable to loneliness and social isolation and the effects these have on their health.

Bipolar disorder and schizophrenia can affect older people for the first time. Antipsychotic medication and talking therapies can be used to treat serious mental illnesses in older adults. Those with serious mental illnesses may live in care homes or independently with the support of community mental health teams.

Dementia

Dementia describes a group of symptoms that include problems with memory, thinking or language, and changes in mood, emotions, perception and behavior.

Dementia is a progressive disease, which means symptoms may be relatively mild at first, but they get worse over time. There are many types of dementia but Alzheimer's disease is the most common. The next most common is vascular dementia.

Dementia, just like mental health, is not a natural part of ageing.

Each person experiences dementia in their own individual way. Different types of dementia also tend to affect people differently, especially in the early stages. With some types of dementia, the person may have difficulty knowing what is real and what isn't. They may see or hear things that are not really there (hallucinations), or strongly believe things that are not true (delusions). It is these different experiences that can trigger depression and anxiety for people living with dementia.

Barnsley Dementia and Me Steering Group are currently delivering work programmes aligned to the National Dementia Well Pathway. The Barnsley Dementia and Me Strategic Plan identifies ambitions across the pathway (Appendix 1). This includes 'Living Well'; supporting those with early diagnosis (under 65 years old), and providing access to mental health support for those living with dementia and their carers.

Delirium

Delirium is a state of heightened mental confusion that commonly affects older people admitted to hospital. 96% cases are experienced by older people, and when those with dementia experience severe illness or trauma such as a hip fracture, they are more at risk of delirium. Delirium causes great distress to patients, families and carers and has potentially serious consequences such as increased likelihood of admission to long term care and increased mortality. They may need to stay longer in hospital or in critical care; have an increased incidence of dementia and have more hospital-acquired complications such as falls and pressure ulcers. Delirium is now also recognised as a common symptom of coronavirus, and older people living in long term care facilities are at higher risk, especially those with dementia.

COVID19 Deconditioning

Older people in Barnsley and those with long term illness who have had to isolate throughout the COVID19 pandemic along with their carers have been affected mentally and physically. National research is only just starting to emerge quantifying the impact of the pandemic for this population group, but locally we have qualitative information which suggests that older people and their carers have felt socially isolated, anxious and depressed, with a decline in cognitive impairment due to lack of stimulation.

To improve the mental wellbeing of our older population we will:

- Undertake an older people's mental health needs assessment to determine what our population needs are now and in the future
- Develop an older people's data dashboard to help us monitor and measure older people's emotional wellbeing.
- Review our commissioning arrangements for supporting older people and their carers with their emotional wellbeing against the Age Friendly Communities Framework.
- Support the development of services to support the emotional wellbeing for older people and their carers; which meets their needs, is closer to home, and tackles ageism and stigma.
- Promote the Barnsley Carers service and their role in providing on-going emotional support and involvement opportunities for carers.
- Work with our local IAPT service to develop strategies to effectively engage older people in treatment.
- Support cultural change and reduce stigma for our older people. Challenging ageist and negative.
- Support the Campaign to End Loneliness, engaging with our communities, identifying and promoting opportunities to build on the lessons we learnt throughout the COVID19 pandemic.
- Continually engage with our older people and their carers to plan, deliver and monitor our service delivery. (Engagement of Barnsley Mental Health Forum, Barnsley Older People's Forum and Barnsley Carers Forum)

MENTAL HEALTH CRISIS

In Barnsley partners have agreed to work together with service users and carers, to improve the provision of care and support for people in mental health crisis. This will include keeping people safe and helping them to find the support they need, whatever the circumstances in which they first need help and whichever service they turn to first.

We will focus on the following:

- Access to support before crisis – making sure that people with mental health problems can access help 24 hours a day and that when they ask for help that they are listened to and appropriate, timely support is provided.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services and support is offered in a timely manner. Ensuring all partner organisations work together taking a person-centred approach by putting the service users and carers at the heart of service design and provision.

We will achieve these aims by:

- Engagement – ongoing meaningful engagement with service users and carers to identify needs, design services and provide feedback / review services on offer
- Communication – developing and establishing a range of effective communication channels that are appropriate to service users and carers to inform and interact with continuously
Data – collection and sharing of information / intelligence and data. Data sharing agreements to be put in place (if not currently in existence) between Local Authority, South Yorkshire Police, Yorkshire Ambulance service, NHS and third sector organisations to cover areas such as drug and alcohol, violence, Intensive Home-Based Treatment, inpatients, S136, Emergency Department attendance over a range of categories of service users e.g., children and young people, adults, high intensity users, dual diagnosis etc.
- Place of safety – consider options appraisal; develop crisis alternatives ('Safe space')

- Operating hours of services – 24/7, accessible and well-established streamlined access points.
- Joint training and development with all partners – developing joint training to include interpreting national legislation and local policies and procedures in a consistent manner.
- Sustainable capacity – inpatient beds, S12 doctors, AMHP's (Approved Mental Health Professional), S136 provision for both adults and children and young people.
- Service developments – consider street triage, virtual triage on-site, high intensity user team, dual diagnosis
- Eating disorders – develop an all-age eating disorder pathway in response to the current significant increase in individuals seeking help in relation to eating disorder issues.
- Develop clear streamlined pathway outlining how individuals access crisis care / services
- Develop better support services for 10 – 24 years old, to reduce the very high level of admissions of young people into Barnsley Hospital, as a result of self-harm.

SUICIDE PREVENTION

In 2017 - 2019, Barnsley had a rate of 10.7 suicides per 100,000 population (using the European age-sex standardised rates). This accounts for 69 deaths by suicide in the 3-year period. Each one of these lives lost is a tragedy and behind these figures is someone's loved one. A complex range of factors can contribute to people contemplating suicide. Not all of these are connected to mental ill-health and can instead relate to stressful life circumstances, events or changes in a person's life. The following characteristics and factors are known to contribute to raised suicide risk. They can be cumulative and overlapping. From our Suspected Suicide Learning Panels and a 2020 Coroners Audit Across South Yorkshire the following themes have been identified.

- Gender (men are three times more likely to die by suicide)
- Mental illness
- Long term conditions
- Those that have had a previous attempt on their life or history of self-harm
- Behavioural – some patterns of behaviour can indicate a risk of suicide. These include use of alcohol, substance misuse and involvement with the criminal justice system

To try and reduce the risk of suicide in these population groups it is essential that we collectively work on prevention, to improve people's mental health and wellbeing, increase personal and community resilience and ensure there is early intervention available. There are many things we can do in our communities, outside hospital and care settings, to help those who think suicide is the only option. We know that the coronavirus (COVID-19) pandemic will have various impacts on mental health, both currently and in the future, although it is not yet clear what the impacts will be. We need to ensure we monitor this and take careful consideration when planning interventions in mental health improvement and suicide prevention.

The vision within this section of the strategy is to;

- Recognise as a borough that suicide isn't always inevitable and is preventable
- Provide timely help, support and services to anyone experiencing suicidal thoughts to prevent them taking their own life
- Embed Suicide prevention into all plans. Suicide Prevention is everyone's business.
- The vision is underpinned by the below key strategic aims
- Reducing the rate of suicide in Barnsley
- Raising awareness of the impact suicide has, and that certain people are more at risk and what can be done to support and safeguard these individuals
- Encouraging people at risk of suicide, and people concerned about others being at risk of suicide, to feel able to ask for help and have access to skilled staff and well-coordinated support.

- Continue to break to stigma around suicide and destigmatize it in our communities through key campaigns such as #AlrightPal?
- Encourage participation in the mental health and suicide prevention training so those working with people in mental health crisis as well as people in our communities know how to respond and support appropriately
- Continue to review every death by suicide working with people and agencies across Barnsley in order to continually learn lessons which can directly inform and improve services, policies and pathways for people who are suicidal.
- Continue to offer bereavement support for those affected and bereaved by suicides

The national Preventing Suicide Strategy set a target of a 10% reduction in all suicides nationally in 2020-21 and zero suicides within in-patients across the NHS. The Five Year Forward View for Mental Health set out an ambition to reduce the number of suicides in England by 10 per cent by 2020/21. Barnsley's Mental Health Partnership has committed to a zero-suicide ambition.

This is a bold and ambitious pledge, which drives forward partnership working and bold and innovative approaches to improve Barnsley residents' mental health and wellbeing. We also want to ensure people know where to go for help when they need it. Barnsley's Mental Health Partnership is an alliance of people and organisations across the borough focused on improving people's mental health; this includes support for people contemplating suicide. We want to instill hope into individuals and communities that suicide is preventable and tackle the stigma associated with poor mental health.

CONCLUSION

Whilst partners have worked hard together to make significant improvements in the emotional health and wellbeing of the Barnsley population, there is still much to do.

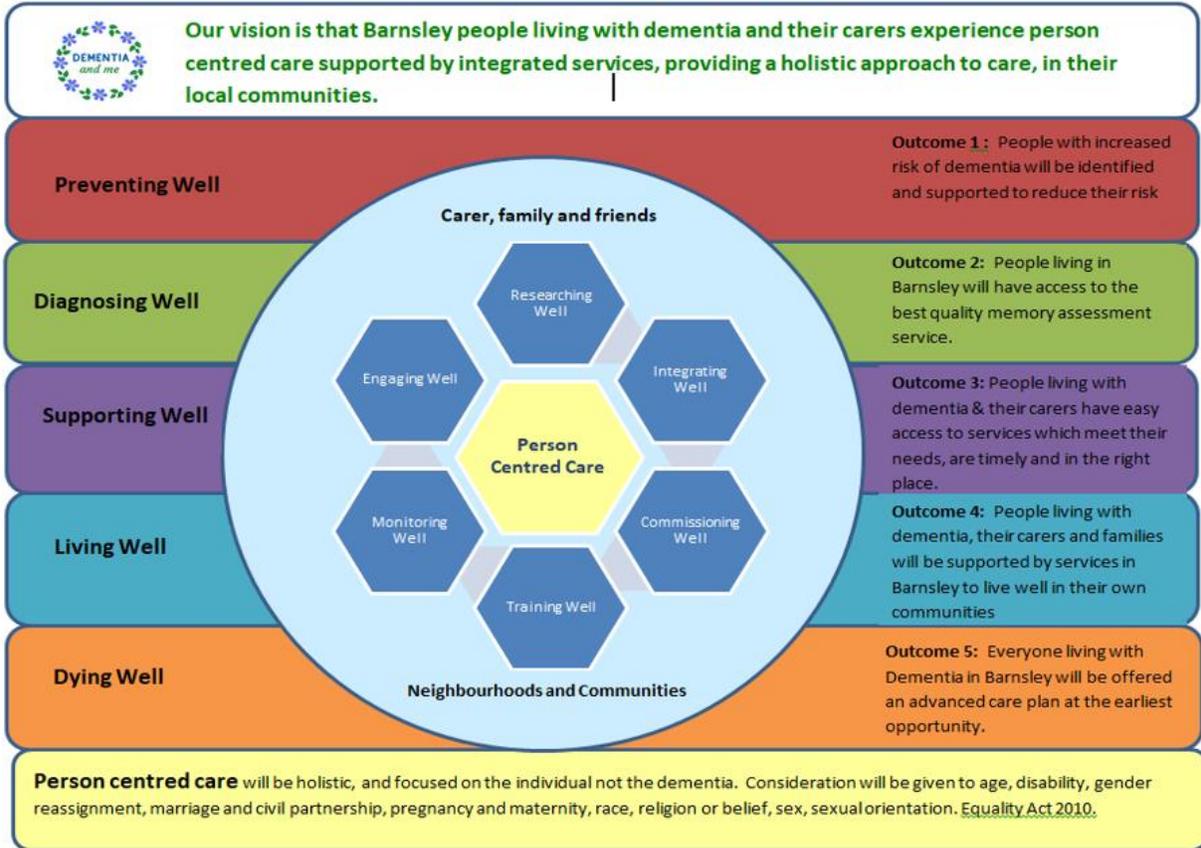
Although all aspects reflected within this mental health strategy are important and improvements will be made against each one, there are particular challenges currently being faced. The Barnsley Mental Health Partnership Board have therefore agreed, for there to be a greater focus on those areas of particular challenge over the next 12 months, namely Eating Disorders, Self-harm and crisis care. Areas for greater focus will be reviewed on an annual basis.

In order to measure the progress being made, we will develop and implement a mental health strategy delivery plan and mental health dashboard. Aligned to this, the Barnsley Mental Health Forum (a service user and carer group) have also developed a number of Quality Standards. These Standards are currently a work in progress but the aim is to discuss each in more detail amongst all partners and if agreed, they will be one of the tools against which our progress will be measured.

There is a great sense of collaboration and willingness among all members of the Mental Health Partnership Board to improve the mental health and wellbeing of all of the Barnsley people. Implementing this mental health strategy will be a huge step forward towards achieving that ambition.

APPENDIX 1

Barnsley 'Dementia and Me' Strategic Plan on a Page 2019-2024



Appendix 2

GLOSSARY

Word	Definition
Affective system	Feelings resulting from emotions, sentiments, or desires; an emotional state or disposition; a non-intellectual or subjective human response.
AMHP's (Approved Mental Health Professionals)	AMHPs are responsible for organising, co-ordinating and contributing to Mental Health Act assessments. It is the AMHP's duty, when two medical recommendations have been made, to decide whether to make an application to a named hospital for the detention of the person who has been assessed.
Biopsychosocial	This approach considers biological, psychological and social factors and their complex interactions in understanding health, illness, and health care delivery.
Community Assets	The collective resources which individuals and communities have at their disposal which can be used to develop effective solutions to promote social inclusion and improve the health and well-being of residents. Assets can be organisations, associations and individuals and may also include emergency medical services, nursing or adult care homes, mental health facilities, community health centres, health clinics, home health and hospice care, school health services, medical and health transportation, dental care providers, homeless health projects etc.
Concurrently	At the same time, simultaneously
Cross-sectoral	Relating to or affecting more than one group, area or section.
Dialectical Behaviour Therapy (DBT)	A type of cognitive behavioural therapy that combines strategies like mindfulness, acceptance, and emotion regulation.
Dysregulation	Refers to a poor ability to manage emotional responses or to keep them within an

	acceptable range of typical emotional reactions. This can refer to a wide range of emotions including sadness, anger, irritability, and frustration.
Early intervention	Identifying and providing effective early support to people who are at risk of poor health outcomes.
Empower	The process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.
Engagement	To have a conversation or discussion with an individual or group of people with the purpose of getting them interested in the subject you are taking about.
Enterprises	Organisations, especially businesses, that will earn money.
Fitbit	An electronic device that contains a 3D motion sensor that accurately tracks your calories burned, steps taken, distance travelled and sleep quality.
IAPT (Improving Access to Psychological Therapies)	A service that provides talking therapies, such as cognitive behavioural therapy (CBT), counselling, other therapies, and guided self-help. help for common mental health problems, like anxiety and depression.
Impulse control	Refers to the difficulty some people have in stopping themselves from engaging in certain behaviours. Common examples include; gambling; stealing; aggressive behaviour toward others.
Interventions	Treatment, procedures, activities or other actions taken to prevent or treat disease or improve health in other ways.
Lived experience	Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.

Mentalisation Based Therapy	A type of long-term psychotherapy used as an integrative treatment approach for borderline and other severe personality disorders.
Mild Cognitive Impairment	The stage between the expected cognitive decline of normal ageing and the more serious decline of dementia. It's characterized by problems with memory, language, thinking or judgment.
Mutually exclusive	Related in such a way that each thing makes the other thing impossible: not able to be true at the same time or to exist together.
NHS Long Term Plan	A plan for the NHS to improve the quality of patient care and health outcomes which sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years (2018 – 2023).
Organic disorders	Organic mental disorders are disturbances that may be caused by injury or disease affecting brain tissues as well as by chemical or hormonal abnormalities.
Perinatal	Refers to the period during pregnancy and following the birth of a child - within this Mental Health Strategy this is defined as during pregnancy or in the first 24 months following the birth of the child.
Primary Care	Primary care services provide the first point of contact in the healthcare system and includes general practice, community pharmacy, dental, and optometry (eye health) services.
PTSD (Post Traumatic Stress Order)	A condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving constant vivid recall of the experience with dulled responses to others and to the outside world.
S12 Doctors	Medically qualified doctors who have been recognised under section 12(2) of the Mental Health Act (MHA) as having specific expertise in the diagnosis and treatment of mental disorder'

	and who have had training in the application of the MHA
S136	Section 136 or s136 is a section of the Mental Health Act (1983) that allows the police to take a person from a public place to a place of safety if they appear to have a mental disorder. Under the Act, police also have powers to hold the person at the place of safety to keep themselves and others safe.
Secondary Care	Secondary care refers to services provided by health professionals who generally do not have the first contact with a patient and are usually based in a hospital or clinic, though some services may be community based.
Structured Clinical Management	A type of treatment for people who have personality difficulties.
Sustainable capacity	Ensuring an efficient system that improves, maintains or restores health, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations.
Venepuncture	The puncture of a vein as part of a medical procedure, typically to withdraw a blood sample or for an intravenous injection.