

Creative Health Solutions

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Tackling Mental Health and wellbeing needs
in the Shipley area

June 2011



Introduction

This report summarises the findings of the Health and Wellbeing HUB’s research into mental health and wellbeing in the Shipley constituency. Mental health was identified as a key area of need by attendees of the previous Creative Health Solutions event hosted by the HUB in October 2010.

It is intended to give an insight into mental health needs and resources available in the Shipley area, and to identify perceived gaps in current service provision (whether voluntary or statutory), ideas for addressing those gaps, and the challenges faced by voluntary sector organisations in meeting mental health needs in and around Shipley.

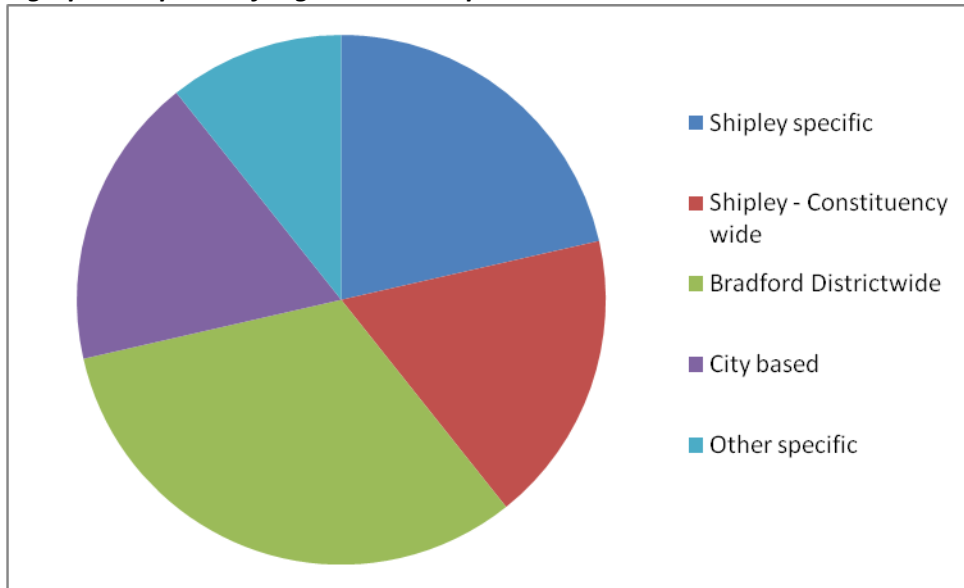
Background

The second Creative Health Solutions (CHS) event was held on 21st June 2011, in Shipley. The event aimed to create a space for VCS organisations to discuss mental health needs and resources available in the Shipley area, share good practice in supporting people with mental health needs, generate new ideas for addressing these needs, and build new partnerships with other organisations.

The CHS2 event was attended by 34 participants, of whom 22 were from the VCS, four from NHS, four from the Local Authority, and four from other organisations. Attendees were from a mixture of organisations across the district, many with a citywide remit, others who work in a specific area of the constituency. Figure 1 indicates the geographical spread of organisations represented at the event.

A presentation of HALE’s findings on mental health statistics for Bradford was followed by a mapping exercise of mental health hot spots and resource availability, and two group discussion sessions.

Figure 1: Geographical spread of organisations represented at the CHS event



Summary of key findings from the event

1. The scale of mental health needs in the Shipley area is greater than reported...
2. ...and is growing.
3. GP referrals for people with mental health needs are 'hit and miss'. The pathways to groups are not straightforward, especially when funded outside statutory agencies. This is frustrating when organisations know they have the resources available, and can make a meaningful impact.
4. Third sector organisations are struggling with 3 key issues:
 - i. How to get onto the radar for referrals
 - ii. How to demonstrate impact on health in a language that is heard by GPs et al
 - iii. How to demonstrate legitimacy
5. Publicly available data on mental health in Shipley is very difficult to find, with a lack of specific and up to date information. How can third sector organisations feed their information to statutory agencies?

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We know what the gaps are but are sick of telling people and not being heard.

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Mental Health Needs In The Shipley Constituency

Key findings from publicly available data:

- Bradford as a whole has a higher incidence of depression than the national average, with Shipley North, Shipley East, and Lower Baildon above both Bradford and UK average.
- National research suggests people from South Asian ethnic origins are 42% more likely to have a depressive episode and 14% more likely to suffer from mixed anxiety and depressive episodes than the general population
- Claimants of incapacity benefit fall within a similar range across all constituency wards, with 40-48% of claims categorised as relating to mental illness. In all cases over 60% of people have been claiming for over 5 years, suggesting that mental health issues are a significant cause of people being unable to work, in many cases for many years. There is possibly also a cyclical effect here also.
- Hospital admissions for undetermined injury and suicide are higher than average in most areas of the Shipley Constituency.
- It was not possible to find data specifically around dementia needs in Shipley, but recognise that they will be significant as Shipley Constituency's older population is larger than average. 60% of all care home residents have dementia, but most dementia patients are cared for at home.

Mapping perceived need around mental health issues in the Shipley constituency

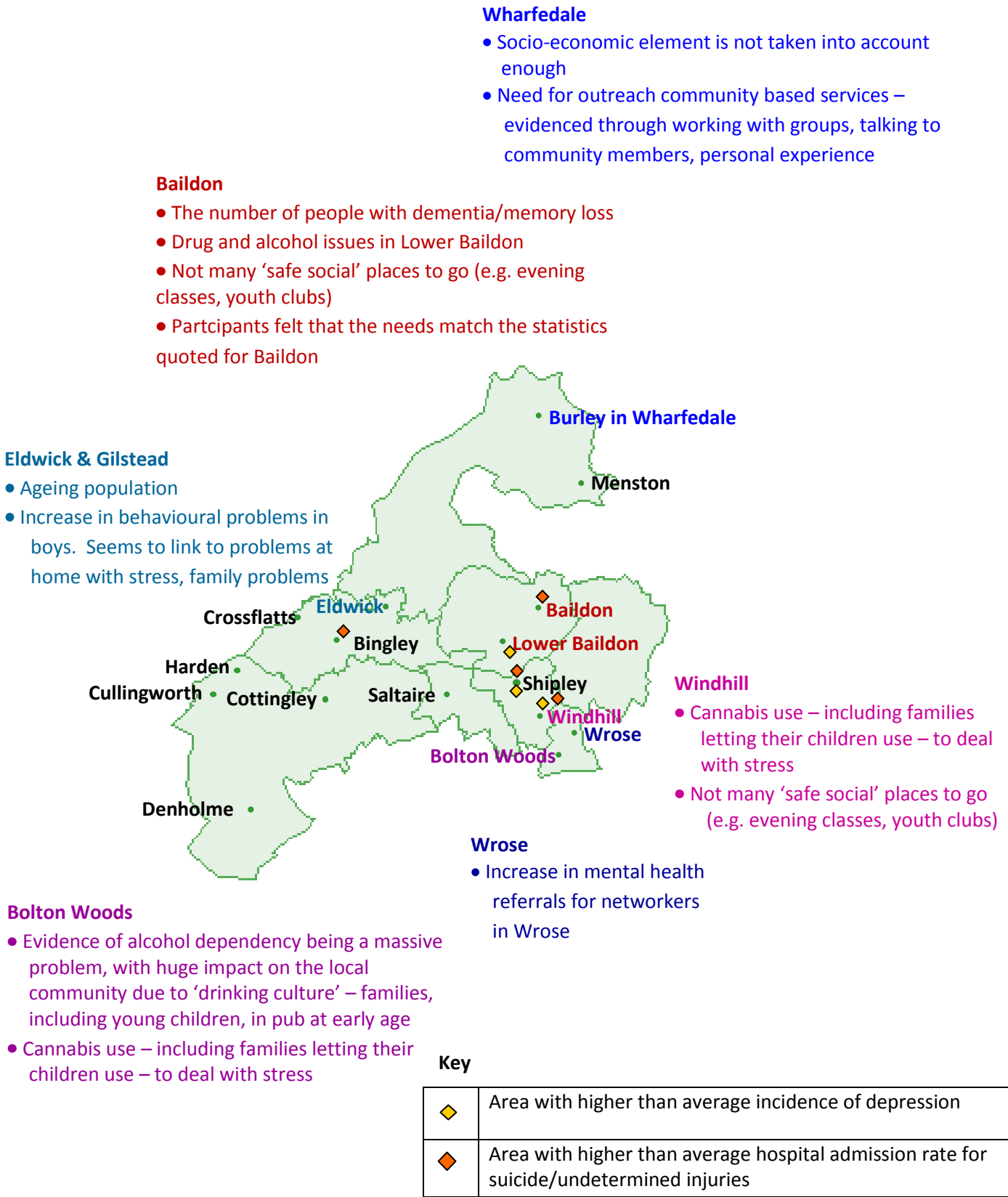
The mapping exercise highlighted the geographical spread of organisations represented at the event, and what they identified as specific issues by area.

The key issues can be summarised as centring around:

1. Drugs and Alcohol
2. Increase of stress related issues amongst boys
3. Decreasing number of social activities in local communities

Issues by area can be seen on the map in Figure 2, along with hot spots where mental illness is above the Bradford average.

Figure 2: Mapping of perceived Mental Health Needs in the Shipley Constituency



By far the largest list was that of common needs affecting the whole of the Bradford district, as well as being identified as issues of concern for organisations working within the Shipley constituency. These were summarised as:

Older People

- Lack of public awareness of ageing and memory loss and treatments (e.g. memory clinics)
- Older LGBT people in particular avoid mental health services due to fear of pathologisation
- Fear of harrassment because of sexuality and past experiences of discrimination contribute to higher levels of depression and anxiety amongst LGBT people, and can lead to isolation
- Lots of people not diagnosed with dementia but still in need of support
- Increasing number of dementia referrals – difficult to manage in a group without extra staff, presents difficulties in mixed client groups

Young People

- Gaps in service for young people – 75% of all mental health problems occur before the age of 25
- Stress from exams amongst young people – in children as young as 7
- Need to raise self esteem – importance of peer support (e.g. amongst bullied children)
- Increased alcohol consumption “to numb the mind” – even in 14 years and under

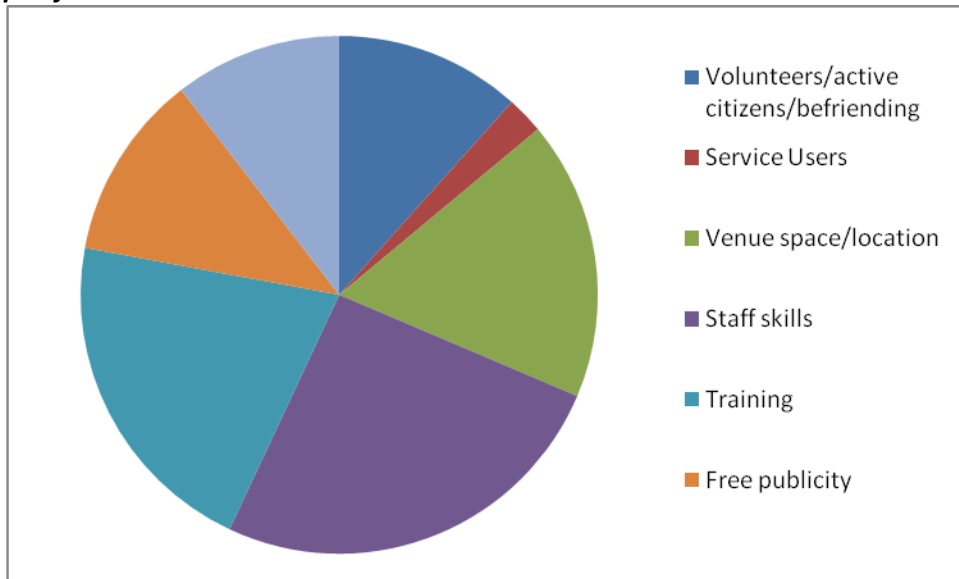
General

- Statistics don't represent actually how many more cases there are or highlight increase in male cases of mental illness
- Seeing more people on Incapacity Benefits – changes to welfare agenda have meant that the situation is getting worse not better
- Access for appropriate service. Long waiting lists, postcode lottery. Need more resources to refer people to
- Isolation e.g. South Asian women – how to encourage them out of the house and increase participation in community activities. Possible solution would be “community champion” type women to encourage others
- Rising need for cognitive therapy training amongst workers due to high number of mental illness cases
- There is a perception that medication over-used by GPs
- Increase in carers with mental health issues (e.g. loneliness, isolation, depression)
- Early intervention and local based services for people with eating disorders – counselling, working with groups, personal experience
- Isolation and lack of opportunities to engage – evidenced by working with groups, take up of services, speaking to community, type of referrals
- Family work important due to increased pressure on families in the current economic climate (low wages, unemployment, benefits shake up)– Planning rather than reacting

Identifying resources to help address these needs

A second exercise asked attendees to list resources known to them, or which they could offer, for partner organisations to draw upon in addressing mental health needs. This exercise highlighted the bank of resources which are out there, and gave an overwhelming sense of the willingness amongst third sector organisations to support one another by offering their skill and resources.

Figure 3: Type of resources available



A full list of resources identified can be found under Appendix A.

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Receptive groups who want to work together

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Focussed discussion

The afternoon workshops concentrated on focussed discussion around the key themes that had been identified at the previous CHS event: Dementia, Depression and anxiety, Post Natal Depression, and Isolation and loneliness

Dementia

Issue

There is a lack of awareness among the general public regarding the services available to people with dementia and memory loss. More needs to be done to help people understand what is on offer in the Shipley area, and how to access it, and to ensure that people with dementia and memory loss are getting the appropriate support. Also that carers of people with dementia know what support is available – both for themselves and for the people that they care for.

Solution

There is a need for routine dementia testing and early intervention.

Greater support needs to be made available to dementia patients and their carers. There is a need for a dementia advisor service or network in Bradford.

Wellbeing cafes are an important resource both for carers and those with dementia/impaired memory function.

Issue

Carers often won't ask for support until they can no longer continue in their caring role. Carers often accompany the patient to their appointment but are not necessarily offered support themselves.

Solution

Support needs to be offered proactively, before carers reach saturation point.

We must ensure GPs are aware of the need to support carers.



**Proactive work gets taken over by
working with most vulnerable...**



Depression and Anxiety

Issue

There was a general frustration amongst participants that GP's do not refer into the available service providers. There must be a way in which information could be communicated that would benefit the patient, the GP and the provider.

Solution

One suggestion was that the Hub produced a simple and concise flier around services and resources available which could be used in conjunction with HALE's existing relationships with the practice managers. The flier would need to be distributed to all referring agencies, not just GPs.

The group felt that we also need to push the promotion of DIVA.

Issue

Raising awareness amongst the general public of local groups and services who offer support to those with mental health needs.

Solution

To use outreach resources – e.g. HALE bus in ASDA car park with organisations promoting mental health services.

Issue

That police and InCommunities staff are given very limited training around mental health needs, and how to support people with mental health problems.

Solution

Work with any other professionals who want to raise awareness around mental health services and support agencies. Contact the police training centre and identify ways in which advice and support can be provided.

Issue

That there are a significant number of third sector organizations providing intensive support to people with mental health needs, yet there is no current support for the workers.

Solution

A list of people who would be prepared to mentor others could be created using the Hub's website. It was also suggested that it might be useful to link this further beyond the boundaries of Shipley, this could possibly be used on the Health and Wellbeing Forum's web site. There would need to be a clear SLA written to ensure confidentiality.

It was also suggested that there could be a group set up for sharing issues. Although this is not necessarily an easy thing to set up, it was felt that it will become more of an important service as more people with greater problems come to third sector services as statutory ones withdraw from offering such provision.

Post Natal Depression (PND)

This is a form of depression that affects between 10 and 15% of women who have children, yet it is still very much a subject which is not openly discussed.

Issue

Very limited knowledge about what PND is and how to manage the symptoms.

Solution

Develop a marketing campaign working with key organisations such as children's centres, schools, nurseries, midwives, health visitors etc.

Issue

It was felt that fathers-to-be and partners are not given information on PND and how to recognize the symptoms, and how to support those affected.

Solution

Within the campaign we need to also consider the wider family networks and find ways of informing them. A general campaign about PND could use community centres, libraries, churches and other community venues – perhaps even pubs – to raise awareness.

Issue

There are currently no post natal support groups for women with PND, and where there are midwife drop-in services there are no crèche facilities that would enable the mums to talk through some of their anxieties on a one-to-one basis, without having to respond to their child.

Solution

To work with groups who might provide such support such as Isis, Sharing Voices and Kirkgate Ketchup, to see if a PND group can be set up, and whether there is the opportunity to put in for joint funding applications to run sessions which offer a crèche facility.

Issue

Feedback from mums who had had their second child was that they were considered experienced and so very much expected to get on with caring for their new baby on their own. This was also the case for those with relatives living close by who would be expected to take a greater role. The problem then arose as to how to manage with post natal depression if the relatives did not recognise or understand what was happening.

Solutions

Ensure information is shared with commissioners and managers of midwife teams.

There may be potential to provide more information around health, particularly the symptoms of PND, when the expectant mothers have their glucose tolerance test (which generally has mums waiting for about two hours for the results).

It was unclear whether teenage mothers suffer more from PND than other age groups.

If this is the case then there needs to be some work undertaken around raising awareness with the youth service and other organisations who work with young people.

Isolation and Loneliness

Issue

There is a huge difficulty in finding the people who need help, and a challenge not only in engaging with the individual, but also in continuing that engagement beyond an initial meeting.

Solution

It is also important to acknowledge that isolation is not the same as being on your own – it's a feeling, rather than a situation. Organisations need to provide services that attract different types of people so that there is something for everyone; no-one would want to attend a new group carrying the label of being "lonely". Creating groups with a social focus, and 'health through the backdoor' style of approach removes the stigma associated with such label, and should increase the likelihood of regular attendance.

Issue

Older LGBT people have a fear of being treated differently, are nervous as they get older, avoid services (due to stigma, cultural sensitivity), are more likely to live alone and tend to have no-one to call in a crisis. All of these factors can contribute to feelings of loneliness and isolation.

Bangladeshi women have had similar experiences, facing barriers regarding language, transport, and in leaving their own community.

Solution

Training needs to be provided to improve understanding of overcoming LGBT issues.

Organisations need to provide services bearing in mind that stigmas based on past experiences may need to be overcome. Organisations and their workers need to ensure they ask the right questions, to encourage people to talk about their needs, and that translation services are offered where there is a language barrier contributing to the feelings of isolation.

Reaching 'hard to reach' groups

Due to the very nature of mental illness there is an obstacle in acknowledging that the need for support exists, and in reaching out to access that support.

“ For all the clients who are identified as isolated/lonely, there must be many more who never receive help...”

CHS attendees also identified the issue of engagement – and continuing that engagement beyond the first meeting.

There is an opportunity to tap into the existing contacts of people who have become isolated; Home helps, cleaners, hairdressers etc. are often valued as much for social aspects (someone to talk to) as for the professional service they provide. There is also interaction with workers at social services, job centres and GP practices which could provide opportunities for intervention as carers and patients may disclose more freely to other professionals than to clinicians. By offering training to these professionals to talk about mental health issues we could promote services and raise awareness of organisations in the local area.

In a similar vein, we need to identify places where people have to go (even if they don't leave the house for any other reason), such as supermarkets and post offices, and ensure that information is available at these places.

Conclusion

The primary findings from this second event highlighted that there is a great resource around shared training, around venue resources, and skilled professionals. It also highlighted that alcohol, cannabis and a reduced number of activities for local people to take part in were the main issues that were having an impact on mental health. The main finding however was how all organisations said that they were experiencing a greater demand on their service, and that they were unclear about who and where people could be signposted onto.

It is vital that care pathways for GP referrals are improved. CHS participants felt strongly that each GP practice is different, and that GPs each have their own approaches to supporting patients with mental health needs, making it hard to access the right support. We need to simplify the process of making referrals by providing the same pathway to all practices, providing standardised information on the organisations available with the aim of increasing the number of referrals made by GPs.

Publicly available data on mental health in Shipley is very difficult to find, with a lack of specific and up to date information. This means that it is extremely difficult to truly understand the scale of mental health needs, and therefore also for organisations to demonstrate their impact on a wider scale. Could third sector organisations work to gather their own statistics to feed into the Health & wellbeing Forum?

There was a clear frustration that groups working 'on the ground' within communities are aware of what the gaps in service provision are but feel disheartened that the issues and concerns they voice are not listened to. Therefore there is a real need for organisations to work together, to create a stronger voice to ensure that these opinions are heard and that credence is given to them.

Relationships are key to mental health issues and there is a significant gap in provision of one-to-one relationships. There was a strong feeling amongst CHS attendees that one-to-one relationships are underfunded, not because of resource implications, but because they are seen as 'fluffy' versus the medical model. We need to provide hard evidence that this approach makes a difference, and emphasise the focus on being proactive rather than reactive. Services such as befriending provide this vital one-to-one contact. We must foster relationships with service users by being reliable, available and by listening. We must encourage continued engagement by offering approachable services which enable people to choose what they do based on their needs and abilities.

Next Steps

All participants at the Creative Health Solutions event agreed that it was a useful platform for networking, creating opportunities for partnership working, and increasing understanding of the health needs and resources available in the Shipley area.

In the current climate of spending reviews, changes to NHS and Local Authority agendas and service cuts, it is imperative that we sustain the momentum gained from the two events held thus far and continue to build on the partnerships that will sustain our work in the future.

This report will be fed into the Health & Wellbeing Forum event being held on 28th July. For more information visit www.cnet.org.uk

This report was written on behalf of the Shipley Health and Wellbeing Hub by HALE.

HALE (Health Action Local Engagement) is a healthy living project working across Shipley, Frizinghall, Bingley, Baildon, Wharfedale, Windhill and Wrose areas. HALE was set up in 2003 and became an independent charity in 2008.

www.haleproject.org.uk

The Health & Wellbeing Hub is made up of representatives from Bradford Council, NHS, and Voluntary and Community Services who work with a broad health remit within the Shipley Constituency. The aim of the Hub is to develop collaboration and partnership working between infrastructure organizations, to promote services that improve the people of Shipley's health and wellbeing.

healthandwellbeinghub.wordpress.com

The Creative Health Solutions event was organised by members of the Hub with funding support from Shipley Area Committee.

If you have any questions about this report or would like any further information about the report, please contact Katy Whitham at HALE on 01274 271088.

If you would like to receive a copy of this report in large print, please contact HALE on 01274 271088. An audio version can also be provided on request.

Appendix A - Resource Sheet

Type of resource: Volunteers/active citizens/befriending

Who	What	Where	Contact
Seniors Show the Way	Community Health Champions – deliver positive minds, reminiscence writing, relaxation sessions	District wide	01274 321911 seniors@bdct.nhs.uk
BAMHAG	Befriending for people with mental health needs	District wide	01274 770118
Yorkshire MESMAC	Walking for mental wellbeing of LGB people over 50s	District wide	07913 264967
Seen and Heard Barnardos	Independent visitor service for looked after children	District wide	Nicola Swales Healthy Minds Participation Worker 01274 531466 nicola.swales@barnardos.org.uk
CSV (Community Service Volunteers)	Volunteers mentoring offenders project is due to end at the end of June 11. A number of skilled, CRB checked volunteers looking for new volunteer roles	District wide volunteers available	Louise Allen 01274 737266 lallen@csv.org.uk
CSV (Community Service Volunteers)	Full time away from home opportunities mainly in social care roles	District wide	Jane Murphy jmurphy@csv.org.uk
HALE	Chlamydia peer screeners/alcohol peer supporters	ShIPLEY Constituency	Tonya Barnes 01274 271088 www.haleproject.org.uk
ShIPLEY Area Links	Befriending service	Bingley, Crossflatts, Eldwick, Gilstead, Wilsden, Harden, Cullingworth ShIPLEY, Saltaire, Baildon, Frizinghall Cottingley, Nabwood	Joy 01274 781222 joy@sbvs.org.uk Aliya 01274 271088 aliya@haleproject.org.uk Cissa 01274 518280 cissa@cottingleycornerstone.org.uk

Type of resource: Venue Space/Location

Who	What	Where	Contact
Barnardos		Queens Road	Nicola Swales Healthy Minds Participation Worker 01274 531466 nicola.swales@barnardos.org.uk
Mind in Bradford		Tradeforce Building, Cornwall Place, Bradford BD8 7JT	01274 730815
HALE	Meeting room for up to 10 people	1 st Floor, Merchants Quay, Ashley Lane, Shipley BD17 7DB	Nasreen Ali 01274 271088
Shipley Youth Café	Smallish meeting area and café style kitchen area. Service for 11-25 year olds.	21-22 Market St, Shipley BD18 3QD	01274 438836 franco.biancardo@bradford.gov.uk
Cellar Project	Board room and conference room	Farfield Rd, Shipley	01274 586474
Bradford Resource Centre		Chapel Street, Bradford	01274 779003
EASA	Office/training room space, shop window for advertising other services, free shop drop in space.	Goodwin Street, Bradford	01274 433677
SBVS	Two community centres in Bingley	Cardigan House, Ferncliffe Road & Little House, Market Street, Bingley	01274 781222
PRISM city farm	Full/half day visits and activities for service users and groups	Girlington	Gary 01274 497227 www.prismyouthproject.org
BCEP Allotment Project	Allotment projects for adults Forest schools	Scotchman Rd, Haycliffe	jane@bcep.org.uk jen@bcep.org.uk

	Poly tunnel space coming soon to bring groups to for food growing activities	Lane, Queen's Rd Various sites district wide	isobel@bcep.org.uk
Sharing Voices Bradford	Hall for hire and centre available for joint working initiatives around mental health BME, all ages. Welcome young people groups/projects/ideas	Clifton House, 2 Clifton Villas, Bradford BD8 7BY	Jaymain 01274 731166 jaymain.parkes@sharingvoices.org.uk

Type of resource: Free Publicity

What	Where	Contact
Advertise events for free	T & A Briefing Bradford	Paul Colley 01274 722772
Advertise events for free	Bradford Active Citizens on facebook	
Advertise events and activities for free	HALE Website	Katy Whitham 01274 271088
Advertise events and activities for free	Health and Wellbeing hub website and blog	https://healthandwellbeinghub.wordpress.com/
	NHS Resource Centre	01274 223900
	Children's information link	01274 437503
Advertise support for carers in Bradford	Carers connection	01274 323323
EASA publicity for services provided by VCS orgs	Bradford City Centre Shop Window and publicity leaflets	01274 433677 or send leaflets to EASA 69 Goodwin Street, Bradford, BD1 2SH
Social Networking	Twitter, facebook, etc	Set up accounts online

Type of resource: Staff Skills

Who	What	Contact
Barnardos	Provide an opportunity to consult with emotional and mental health participation groups	Nicola Swales, Healthy Minds participation Worker 01274 531466 nicola.swales@barnardos.org.uk
Barnardos	Values tool – written by young people to detail what skills all workers supporting emotional and health and wellbeing need and how to work with young people.	Nicola Swales, Healthy Minds participation Worker 01274 531466 nicola.swales@barnardos.org.uk
Options Team	Introduction to nutrition level 1	01274 202801
HALE	Community Development Monitoring Nutrition support 1:1 support for food Health check training	01274 271088
BCEP	Health Through nutrition cook and eat sessions Health through exercise/food growing, grow organic allotment sessions for adults Forest schools sessions for children	karina@bcep.org.uk christine@bcep.org.uk jen@bcep.org.uk
Seniors Show the Way	Walking for health (walk leader) training, relaxation training, cook and eat, community development and language skills	01274 321911 seniors@bdct.nhs.uk
NHS Learning and Development	Community Development Pathway course, awareness raising and sign posting to services in NHS and VCS	
Sharing Voices Bradford	Community Development, BME, young people, women, asylum seekers/refugees, CEE, Equality and diversity 1:1 and group support. Volunteering opportunities	01274 731166 (website currently being constructed)
Yorkshire MESMAC	Mental Health/ wellbeing project -Mental health client/Service User support on all issues	07913264967

Type of resource: Training

Who	What	Where	Contact
PCT	Comprehensive CAMHS Training (introduction to CAMHS)	Douglas Mill	Sue Francis Sue.Francis@bradford.nhs.uk
Workers Health Advice Team	Mental Health First Aid – training for staff and volunteers working with vulnerable groups	Can be delivered in-house if enough participants	Carol or Jane 01274 393949
PRISM	For Service users (NEET 16-19yrs) level 1 & 2 animal care qualifications for young people who don't fit into mainstream provision due to mental health or wellbeing	PRISM City farm	Katie Craven 01274 497227
Yorkshire MESMAC	LGB Mental Health Training free ½ day training		07913264967
HALE	Oral health, food nutrition, monitoring	Various locations	01274 271088 info@haleproject.org.uk www.haleproject.org.uk
Seniors Show the Way	Walk leader training for volunteers, relaxation training, free health workshops. Access to NHS training for Volunteers		01274 321911 seniors@bdct.nhs.uk
BCEP	Provide practical based training without formal qualification on Food nutrition and horticulture skills		karina@bcep.org.uk christine@bcep.org.uk jen@bcep.org.uk
NHS Bradford and Airedale	Health Improvement training programme. An annual calendar of	Various	healthdevelopmenttraining@bradford.nhs.uk www.learnonline.nhs.uk/health+improvement+training+team/ 01274 237784

Creative Health Solutions 2

	free training on a variety of health improvement issues		
Local Authority	An online directory of training provided by LA workforce development. Courses on mental health and dementia some are online training which could be useful to those who find it difficult to spare a large chunk of time to attend training	Various including online	http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/workforce_development

Type of resource: Other resources

Who	What	Where	Contact
Creative Support	Adult services have funded a mental health re-enablement service for people over 60.	(free)	01274 482438
Health Trainers and Social Prescribers	Provide support for behavioural/lifestyle changes, sets action plans/goals and works with people with mild-moderate mental health issues.	District wide (free)	Helpline 01274 777527
EASA Community Outreach service	Careers/learning advice and CV and job search workshops for 6-12 people	District wide (free)	01274 433677 www.easacareers.org.uk
Barnardos	4 participation groups for emotional and mental health for young people: Junior Impact – 9-14 yrs Senior Impact – 15-21 yrs (both general YP wanting to have a voices about emotional health services) U Can B Heard (YP in CAMHS service) Transition Group (YP who are ex-service users of CAMHS)		Nicola Swales Healthy Minds Participation Worker 01274 531466 nicola.swales@barnardos.org.uk
Young People Participation Groups EVENT (Barnados)	October Half Term: event to promote mental health and wellbeing. Showcase your project/service, have a stall, run a workshop, perform or show a DVD.	Victoria Hall, Saltaire	Nicola Swales Healthy Minds Participation Worker 01274 531466 nicola.swales@barnardos.org.uk
Metal Health at Work	Information, advice and support through the health advice team		01274 393949