



**Public Awareness &
Consultation Event on
mental health services
20 July 2009**

**Supporting your right to the best
health and social services in England**

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Introduction from LINK Steering Group

York LINK (Local Involvement Network) was launched in September 2008 to take over the role of the Patient and Public Involvement in Health Forum (PPI Forum) in the York Area. The PPI Forum was a group of volunteers who inspected health services in York on behalf of public. The main difference between the LINK and the PPI Forum is that the LINK can investigate issues to do with social services as well as health services.

The money to fund LINKs comes from the Department of Health and is divided between every Local Authority in England that has responsibility for providing social services. Hence there is a LINK covering North Yorkshire, a separate one for York and one for every area in the country. The City of York Council found a 'Host' organisation to help develop the LINK. The reason for this is so that the LINK is not directly managed by the Council giving the staff and volunteers freedom to investigate services without being influenced by council decisions. The Council chose a voluntary organisation that is based in Hull called North Bank Forum (NBF).

At the LINK launch event, 18 volunteers agreed to form an Interim Steering Group to agree the constitution containing the rules for the LINK etc before the first Annual General Meeting (AGM). The AGM was held in March 2009 and a Steering Group made up from individual volunteers from York and volunteers who are involved in community groups was established.

The role of members of the Steering Group is to discover what people in the York area think about health and social services and investigate any problem that affect more than one person. When the investigation is complete the LINK can make recommendations to organisations to improve their services. When a report is published it is sent to the organisations concerned with a letter outlining the recommendations. The organisation then has 20 working days to reply to the LINK stating what it proposes to do to implement the change.

The Interim Steering Group decided to use a voting system to prioritise the work of the LINK. A debate on various issues that were referred to the

LINK from a variety of sources took place during the AGM. To try to include as many members of the community as possible, and have a recorded process that provided evidence for LINK priorities, the voting document was also sent to registered members and was available on request from the LINK office. The 'transformation of mental health services' was voted on and adopted as part of the LINK work plan for 2009/10.

Background to the investigation

At present, NHS North Yorkshire & York (Primary Care Trust) run the majority of Mental Health services in York and North Yorkshire. Services in Scarborough are run by a Mental Health Trust based in Teesside and in the Skipton area they are run by a Bradford based Mental Health Trust. This arrangement has developed over a number of years but the role of NHS North Yorkshire & York, in line with Department of Health policy (Transforming Community Services) has changed from providing services to finding the best organisation, then contracting for services (commissioning). This means that it is difficult to continue to provide mental health services because it would be like contracting with themselves to provide their own goods so a 'transformation' of how mental health services are run is necessary.

NHS North Yorkshire & York have now established a 'Shadow Board' for the provider services; this is separate to the overall PCT Board. However, ongoing discussions around the type of organisation best placed to provide mental health services, and the types of services required for people with mental health conditions in future is required and the following should be considered:

- Services could be integrated with other NHS organisations, this might include Acute Hospital Trusts. In the past however, there has been a separation of mental health services from these organisations as the focus tends to be on the other health issues. Ultimately, in the past, resources to develop mental health services in this context have been limited.
- Services could merge with other NHS organisations providing mental health services, creating an arrangement where the entire business of the organisation is mental health.
- Services could be part of a new organisation if the current PCT provider services emerge as a new Community Trust that will include community services and mental health services.
- Other options could include the private sector providers and the role of the community & voluntary sector. However, the current feeling at present seems to be to keep the services together as a whole.

Also to be considered is the number and type of services that are needed and if the quality of the present services could be improved.

New standard contracts for NHS Mental Health services are governed by strict rules and will last for three years when they are awarded to a Foundation Trust. This may cause problems for smaller voluntary groups who provide services at present and there is a desire to form a Mental Health Consortium to tender for contracts then subcontract with the various smaller groups. The Department of Health (DH) also expects NHS organisations to invest approximately 15% of their overall budget on grants to voluntary and community providers. Although this has not happened in the past due to the financial constraints of NHS North Yorkshire and York it is hoped that this funding will be available in the future.

There is a Mental Health Forum in York run by the local Council for Voluntary Services (CVS). Members of the Forum presented a list of mental health service needs for the area to the Local Implementation Advisory Group (LIAG) run by NHS North Yorkshire and York. Interestingly, Forum members maintain that the Joint Strategic Needs Assessment devised by the PCT and City of York Council is inadequate to address the problems experienced by people with mental health problems.

In order to discover more about the situation the LINK Steering Group decided to hold a Public Awareness and Consultation Event (PACE) on mental health conditions. Speakers from local charities were asked to give information on the history of mental health services, dementia, the main types of problems people experience and the services they provide (see Appendix 1). The Project Manager for the transformation of the mental health services from NHS North Yorkshire and York also agreed to provide an update on progress. Invites were distributed to individuals and groups involved with services for people mental health problems and statutory services. Information was given by the following people:

Mike Beckett, Director of York & District Mind

What are mental health conditions?

Mental health and mental illness are not opposites but points on a spectrum. Somewhere in the middle of that spectrum are “mental health problems. The experience of feeling low and dispirited in the face of a stressful job is a familiar example that may or may not be a problem. Mental stress can affect anyone and most people feel bad about it but if they do not get the support they need it may deteriorate and thus the stress becomes a problem.

Also, everyone is prone to checking things at times and some people check things a couple of times. Problems arise when the number of times that people check or do things interferes with the other aspects in their lives so it becomes a mental health problem called Obsessive Compulsive Disorder. Definitions of mental health, mental illness, and mental health problems describe mental health as important for personal well-being, family and interpersonal relationships, and successful contributions to community or society. As described above stress or OCD can jeopardize personal relationships etc and then becomes a mental health problem.

The boundaries between mental health problems in milder forms of mental illness are often indistinct, just as they are in many other areas of health. At the far end of the spectrum lie disabling mental illnesses such as major depression, schizophrenia, and bipolar disorder. Left untreated, these disorders erase any doubt as to their devastating potential. However, some people are able to live problem free with the symptoms of other conditions if they receive the contact required to support them.

Facts about mental health

Many of us experience mental health problems. It is the largest single cause of disability and illness affecting 1 in 4 people and accounts for a third of GP's time.

Conditions, which may range from the mild to the severe, can occur at any age. For instance, about 10% of children and young people are thought to have mental health problems severe enough to need

professional help. Approximately, 72% of male prisoners and 70% of female prisoners has two or more mental health disorders.

It can sometimes be a relief to put a name to a problem, to help make sense of puzzling or distressing feelings. Common mental health conditions, for example, depression and anxiety now affect 1 in 6 adults in the UK.

Statistics about people with mental health problems should be treated with great caution because a large number are not reported. Problems are missed by GPs. This may be because some patients come to see them with physical problems and avoid talking about their feelings, or because the doctors are too rushed to ask. Rather than visiting their doctors again people simply struggle on alone and many sufferers (75%) receive no help.

Incidences of mental health problems in York

Anxiety = 7,750 Depression = 4,600

Mixed Anxiety & Depression = 15,000

Bipolar = 1,650 OCD = 1,980

Schizophrenia = 660 Anorexia nervosa = 1,650

Bulimia nervosa = 3,300 Self-harm = 660

Mental Health recession facts

People with a mental illness are more likely to have poor physical health and die on average 10 years earlier than the rest of the population.

It is believed that 91 million days per year are lost in employment due to mental illness resulting in 75% of employers stating they would not employ someone with a mental health condition. Approximately 40% of claimants of Employment Support Allowance is claimed by people with mental health problems.

It is easy to see why mental health problems cost the UK economy over £100 billion per year and 9 out of 10 people with a mental health condition suffer discrimination.

Despite the above only £1 in every £15 spent on health research is devoted to mental health.

Services Mind provide

There are a total of 200 local Mind associations in the country.

York & District Mind provides:

Advocacy: community / in-patient	Befriending Service
Counselling	Opportunities for volunteers
Information helpline	Resource Centre Fundraising
Facilitating research	Meeting room

Groups for:

anxiety, depression, OCD, borderline personality disorders etc

Possible gaps in services

Activity groups	Housing support
Art therapy	Dual diagnosis work
Ecomind – natures gym	Employee assistance

Many studies state that more women than men experience certain mental health problems such as depression. However, there are a number of reasons why the statistics for men might be higher than these studies show men visit their doctors far less frequently than women so there is less opportunity for the doctors to pick up signs of problems. Also, many men are uncomfortable about talking about their feelings or even admitting them to themselves. It can be hard for those close to them to know just what is wrong or what help to suggest. Men are more likely to see such problems as signs of weakness. Rather than seeking help, they may try to deal with it themselves by throwing themselves into work, for example, or perhaps through drink or drugs. Compared with women, men are three times as likely to be dependent on alcohol and twice as likely to be dependent on drugs.

David Smith, General Manager, Our Celebration, York



The history of mental ill-health

- Early Egyptians (8,000 – 500 BC)

During the early Egyptian period there was no division between health care, magic and religion. As a result any abnormal behaviour was attributed to supernatural forces and treatments such as exorcism were applied.

The earliest evidence of treatment is trepanning. This was a hole bored in the skull as a cure for insanity, epilepsy and headache to release evil spirits from the body – hence the saying '*I need that like a hole in the head*'.

- Ancient Greece and Rome (500 BC – 500 AD)

In ancient Greece and Rome numerous mental health disorders were identified including melancholia, mania, dementia, hysteria, delusions and hallucinations. These conditions were believed to be caused by possession and disordered thoughts and madness were utterances of the Gods. They also believed that all illness, including mental illness had natural origins based on four humours (phlegm, black bile, yellow bile and blood). They mainly advocated rest, bathing, exercise and dieting as cures but in some areas of Rome harsher treatments such as starving, fetters and flogging was thought to be more effective.

The Greeks and Romans also used anatomical knowledge for diagnosis and emphasised the importance of observation and experimentation to understand conditions and relieve symptoms.

- Middle Ages (500 – 1500 AD)

The Middle ages are often called 'The Age of Faith'. Jesus Christ healed by faith so people believed only the grace of God would provide a cure for physical or mental illness. This also reinforced the theory that mental illness was as result of demonic possession and the only effective treatment was exorcism.

- 15th and 16th centuries

During the 15th and 16th centuries, anxiety about sexual activities fuelled by the behaviour of some monks and nuns, were thought to be the cause of mental health illness. The blame for promiscuity fell upon women, who were regarded as weaker than men resulting in witch hunts. It was believed that salvation of the immortal soul was more important than the comforts of the possessed body so harsh physical punishments were used to make the devil leave the body.

- 17th century

There was a general belief during the 17th century that if mad people behaved like animals, they should be treated like animals. Private 'madhouses' were established and treatments varied from locking people up and treating them like animals to therapeutic programmes of exercise and diet. The importance of discussing problems with a close friend or doctor was advocated in some circles but this was only available according to a person (or their families) ability to pay. Those people with no independent means were thrown into the workhouse or often prison.

- 18th century

During the 18th century state asylums were built to house people with mental health problems separate from the rest of society but outside prison. Mentally ill people were referred to as 'lunatics' and believed to be possessed by the devil.

Some people thought the treatment of mentally ill people as barbaric and in 1772, the Archbishop of York held a meeting with gentlemen from the three ridings of Yorkshire to discuss the creation of a new 'lunatic asylum' to prevent the mentally ill from being placed in unsuitable institutions like prison – Bootham Park Hospital, York.

Inspired by seeing the appalling conditions people with mental health conditions were forced to live under William Tuke and the Society of Friends (Quakers) opened The Retreat in 1796. This establishment led the world in the humane treatment of the mentally ill.

- 19th century

During the 19th century people with mental health problems were 'unchained' and 'moral management' was introduced. The impetus for this development came from servicemen returning from the Boer War suffering from post-war trauma being forced to live in state asylums. Also many 'problem people' such as unmarried mothers were admitted to asylums to keep them away from society. The result of this was vast overcrowding in the asylums and although the public were appalled at a return to inhumane treatment there was little choice but to reinstate this due to lack of space and staff. However, due to public demand, more asylums began to appear throughout the country.

Believers in 'moral management' advocated that the environment plays a vital role in treatment so recovery would be more likely if conditions resembled the comforts of home. Beds, pictures and decorations replaced shackles, chains and cement cells.

Lobotomy was introduced consisting of severing the connections between parts of the brain to help alleviate the symptoms of mental illness. However, this procedure was very time consuming and required a surgeon with great skill and training.

- 20th century

The development of the Trans-orbital Lobotomy in 1936 (electric shock treatment) provided a procedure that was quick easy and appeared to improve patients so implementing the procedure resulted in a Trans-orbital craze. However, the number of people who were diagnosed as having a mental health condition rose while the number of people employed to look after them remained static. This resulted in rumours of abuse and neglect in asylums which prompted action from communities who were proud of their community asylums.

Shortly after the asylum explosion in the 1900s, when mental health treatment was arguably at its worst, a psychotropic medication called Thorazine was pioneered. Other medication came shortly after making it possible to reduce the length of time patients stayed in asylums. This meant that again beds, pictures and decorations replaced some of the more brutal treatments.

An emphasis on protecting the human rights of patients with individualised treatments and a move towards deinstitutionalisation was introduced. The Government introduced the 'Community Care Act 1990' which resulted in the institutions closing and people being cared for in community settings. Relocating to the community caused trauma to a great number of people

who had little experience of living outside mental health hospitals and the amount of care provision in communities was inadequate to deal with the need resulting in an explosion of the homeless population.

The National Service Framework for mental health was introduced in 1999 and contains seven standards to ensure that everyone who has a mental health illness or problem receives equal treatment in every part of the country.

- Modern day

Today emphasis remains on hospitalisation of only the most severe cases. Models of working take a more social and holistic view and cognitive and behavioural therapy is often used. There is a debate at present about the cause of mental health problems and whether the drugs that are used actually treat an imbalance in the brain. Treatment in future may move from drug therapy towards focussing on how people are integrated in society.

Our Celebration began in 1986 when two mothers of people with mental health conditions in York got together and set up a charity to try to help people integrate into society. The charity receives referrals usually from the Community Mental Health Teams in York. They believe that with proper support everyone who has a mental health condition can progress. They provide the following at present:

Leisure club	Drama club	
Yoga	Coffee clubs	Crafts
workshop	Computer club	

Work focussed training on:

Catering & Hospitality	Health & Safety	Food Safety
	Equal Skills	CLAiT
	ECDL	Healthy Eating
	Confidence building and assertiveness	

They also have work placements in a design and print studio and run a mentoring scheme. This has enabled over half the people who have been in contact with the charity to move on into paid employment 31%, mainstream learning 11% and volunteering 11% during the past year. Only 31% have relapsed and the remainder are still involved but some of these could also move on if there was more funding for staff etc.

Gill Myers, Manager, Alzheimer's Society

What is Dementia?

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. These include Alzheimer's disease and sometimes as a result of a stroke.

Dementia is progressive, which means the symptoms will gradually get worse. How fast dementia progresses will depend on the individual. Each person is unique and will experience dementia in their own way.

Symptoms of dementia

- Loss of memory – for example, forgetting the way home from the shops, or being unable to remember names and places, or what happened earlier the same day.
- Mood changes – particularly as parts of the brain that control emotion are affected by disease. People with dementia may also feel sad, frightened or angry about what is happening to them.
- Communication problems – a decline in the ability to talk, read and write.

In the later stages of dementia, the person affected will have problems carrying out everyday tasks, and will become increasingly dependent on other people.

Types of Dementia

Alzheimer's disease is the most common cause of dementia, affecting around 417,000 people in the UK. The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions.

Alzheimer's disease, first described by the German neurologist Alois Alzheimer, is a physical disease affecting the brain. During the course of the disease, 'plaques' and 'tangles' develop in the structure of the brain, leading to the death of brain cells. People with Alzheimer's also have a shortage of some important chemicals in their brains. These chemicals are involved with the transmission of messages within the brain.

Alzheimer's is a progressive disease, which means that gradually, over time, more parts of the brain are damaged. As this happens, the symptoms become more severe.

- Alzheimer's disease affects 50% of people with dementia
- Vascular dementia may follow a stroke or a series of small strokes (multi-infarct dementia) and affects 25% of people with dementia

Less common types of Dementia

- Dementia with Lewy bodies (DLB)

This is a form of dementia that shares characteristics with both Alzheimer's and Parkinson's diseases. It accounts for around four per cent of all cases of dementia in older people. DLB appears to affect men and women equally. As with all forms of dementia, it is more prevalent in people over the age of 65. However, in certain rare cases people under 65 may develop DLB.

Lewy bodies, named after the doctor who first identified them in 1912, are tiny, spherical protein deposits found in nerve cells. Their presence in the brain disrupts the brain's normal functioning, interrupting the action of important chemical messengers, including acetylcholine and dopamine. Researchers have yet to understand fully why Lewy bodies occur in the brain and how they cause damage.

Lewy bodies are also found in the brains of people with Parkinson's disease, a progressive neurological disease that affects movement. Some people who are initially diagnosed with Parkinson's disease later go on to develop a dementia that closely resembles DLB.

- Frontal-lobe dementia and Picks disease

The term 'frontal-lobe dementia' covers a range of conditions, including Pick's disease, frontal lobe degeneration, and dementia associated with motor neurone disease. All are caused by damage to the frontal lobe and/or the temporal parts of the brain. These areas are responsible for our behaviour, emotional responses and language skills.

Frontal-lobe dementia is a rare form of dementia. It occurs far less frequently than other conditions such as Alzheimer's disease. It is more likely to affect younger people - specifically those under the age of 65 - and it is slightly more common in men.

- Creutzfeldt-Jakob disease (CJD)

This is the best known of a group of diseases called prion disease, which affect a form of protein found in the central nervous system and cause

dementia. It was first reported by two German doctors (Creutzfeldt and Jakob) in 1920, although it has been well recognised in animals for centuries.

Prions are proteins found in the central nervous system of all mammals. Their function is unknown. In prion disease, these proteins fold abnormally, forming clusters in the brain. When the brain cells die, they cause spongiosis (holes in the brain matter, which makes the brain look like sponge when viewed under the microscope). This results in neurological dysfunction, or dementia.

- Downs Syndrome

Advances in medical and social care have led to a significant increase in the life expectancy of people with learning disabilities. The effect of ageing on people with learning disabilities – including the increased risk of developing dementia – has become an increasingly important issue.

Drug treatment for Dementia

No drug treatments can provide a cure for Alzheimer's disease. However, drug treatments have been developed that can improve symptoms, or temporarily slow down their progression, in some people. The main drugs used are:

- Aricept (donepezil hydrochloride)
- Exelon (rivastigmine)
- Reminyl (galantamine)

Research has shown that the brains of people with Alzheimer's disease show a loss of nerve cells that use a chemical called acetylcholine as a chemical messenger. The loss of these nerve cells is related to the severity of impairment that people experience.

Aricept, Exelon and Reminyl prevent an enzyme from breaking down acetylcholine in the brain. Increased concentrations of acetylcholine lead to increased communication between the nerve cells that use acetylcholine as a chemical messenger, which may in turn temporarily improve or stabilise the symptoms of Alzheimer's disease.

All three work in a similar way, but one might suit an individual better than another, particularly in terms of side-effects experienced.

- Ebixa

The action of Ebixa is quite different to, and more complex than, that of Aricept, Exelon and Reminyl. Ebixa blocks a messenger chemical known as glutamate. Glutamate is released in excessive amounts when brain cells are damaged by Alzheimer's disease, and this causes the brain cells to be damaged further. Ebixa can protect brain cells by blocking this release of excess glutamate.

Dementia UK Report 2007

In 2006 the Alzheimer's Society commissioned a report on dementia in the UK. They found that :

- 700,000 in the UK currently have dementia
- 15,000 people under 65 have dementia
- There will be over a million people with dementia by 2025
- One in six people over 80 have dementia
- One third of people over 95 have dementia
- 60,000 deaths a year are directly attributable to dementia

How can you tell if I have dementia?

Many people fear they have dementia, particularly if they think that their memory is getting worse. Becoming forgetful does not necessarily mean that you have dementia: memory loss can be an effect of ageing, and it can also be a sign of stress or depression. In rare cases, dementia-like symptoms can be caused by vitamin deficiencies and/or a brain tumour. If you are worried about yourself, or someone close to you, it is worth discussing your concerns with your GP.

Diagnosing dementia

It is very important to get a proper diagnosis to help the doctor rule out any illnesses that might have similar symptoms to dementia, including depression. Having a diagnosis may also mean it is possible to be prescribed drugs for Alzheimer's disease.

Dementia can be diagnosed by a doctor, either a GP or a specialist. The specialist may be a geriatrician, a neurologist or a psychiatrist. The doctor may carry out a number of tests. These are designed to test the person's memory and their ability to perform daily tasks.

Prevention

At present, we are not sure what causes most of the diseases that lead to dementia. This means it is difficult to be sure what we can do to prevent dementia itself. However, the evidence seems to indicate that a healthy diet and lifestyle may help protect against dementia. In particular, not smoking, exercising regularly, avoiding fatty foods and keeping mentally active into old age may help to reduce the risk of developing vascular dementia and Alzheimer's disease.

In February this year a National Strategy was launched setting out an ambitious 5 year plan to transform the lives of people with Dementia. It has 15 recommendations (see Appendix 2).

John Pattinson, NHS North Yorkshire & York



The future of mental health services in North Yorkshire and York

- Background facts

NHS North Yorkshire and York is the largest PCT in the country and even bigger than some countries.

The DH spends approximately 14% of its overall national budget on mental health care per year which is equivalent to what NHS North Yorkshire and York has (about £1billion) for the entire budget.

The population covered by NHS North Yorkshire and York is approximately 75,000. The average age of the population is getting older resulting in an increase in mental and physical health problems so different types of services will be required in future.

The transformation of mental health services has been slowed down by the need to transform community services such as child and adolescent services, older people's services and some specialist services. The process has been delayed and the way forward will now be agreed in October 2009. To assist this NHS North Yorkshire and York has split the organisation into a 'Provider Service' and a 'Commissioning Function'.

Treatment & prevention

Prevention of mental health problems is seen as equally important as treatment. Housing, friends, activity, exercise, diet and work all play a part in helping us to maintain good mental health so it is on those categories that we need to focus preventative methods. People in lower socio-economic brackets are more at risk due to the fact that they have less control on their lifestyle. Studies have shown that someone who is anxious is up to six times more likely to have a cardiac arrest and

someone who has a cardiac arrest and depression is more likely to die within two years.

Future policy drivers

The World Class Commissioning process will be the main driver for future policy and services. This will work alongside local policy contained in the Yorkshire and the Humber Regional document 'Healthy Ambitions' which highlights the suicide rates in the area. Local drivers such as the NHS North Yorkshire and York's strategy 'Healthier Lives' and the 'Local Strategic Needs Assessment' for York also need to be considered.

What next?

In order to progress matters a Community and Mental Health Shadow Board has been established. It is also hoped to establish a working group or reference group made up from people from local interest parties such as the LINK to work through the options for both the strategy and organisation of the new provider and help to manage a smooth transfer.

Evidence the LINK gained before, during and after the PACE:

Evidence	Source
<p>A variety of providers could manage future mental health services in York. This could be a General NHS Trust or a specific Mental Health Trust. However, the reason why mental health services broke away from General Trusts is because people felt they did not get equal access to finances to develop. Also, because a Foundation Trust is essentially a business and not solely dependent on NHS commissioned services for income there may be more competition between finances for the more popular services and services for mental health conditions.</p>	<p>Information given at a meeting in Harrogate by John Pattinson, NHS North Yorkshire & York, Jan 2009</p>
<p>The types of services required for people with mental health conditions, and how to improve present services, must be considered. New contracts for NHS Mental Health Services with Foundation Trusts will last for three years but local voluntary groups and charities are worried that they will be excluded from a large block contract. They believe only the larger charities will have the time and resources required to submit a successful bid.</p>	<p>Discussed at a meeting of York CVS Mental Health Forum, Jan 2009</p>
<p>New governance for commissioning services called 'World Class Commissioning' states that 'commissioning must be done on a population basis', so services in York should be commissioned on the need for services in the York area, not the whole of North Yorkshire. Information on the needs of people in York would also enable NHS North Yorkshire and York to spend at least 15% of the overall budget on</p>	<p>World Class Commissioning, Department of Health, Dec 2007</p>

<p>grants to voluntary and community providers in York to develop their work.</p> <p>Members of the Mental Health Forum in York maintain that the Joint Strategic Needs Assessment (JSNA) for this year (2009/10) is inadequate to address the problems experienced by people with mental health problems. They presented a list of mental health service needs for the York area to the Local Implementation Advisory Group (LIAG) run by NHS North Yorkshire and York which helps Commissioners to target resources. It is not known if this document was considered when the JSNA was agreed.</p> <p>The experience of feeling low and dispirited in the face of a stressful job is a familiar example that might lead to mental health problems. Good mental health is important for personal well-being, family and interpersonal relationships, and enables people to make a successful contribution to their community and society. Mental health problems can jeopardize personal relationships etc so people feel unable to contribute to society. These problems affect 1 in 4 people and account for one third of GP's time. The more common mental health conditions for example, depression and anxiety now affect 1 in 6 people with mental health issues in the UK. It is predicted that this number will rise due to the present financial crisis and there is now a NHS 'Stress' redundancy helpline.</p> <p>The history of mental health services is not good and often it has been seen as taking two steps forward and one step backwards. Services have improved over the years but it is important that as pressure is placed on healthcare finances and resources that people are not bundled together and treated as misfits and therefore kept outside of society as has happened in the past. In order to avert this</p>	<p>Discussed at a meeting of York CVS Mental Health Forum, Jan 2009</p> <p>Presentation from Mike Beckett, York Mind at PACE July 2009</p> <p>Presentation from David Smith, Our Celebration at PACE July 2009</p>
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happening more preventative services and early intervention is required. Early intervention schemes in York are near saturation point therefore more funding needs to be invested by NHS North Yorkshire and York.

Approximately, 10% of children and young people are thought to have mental health problems severe enough to need professional help. Many of these are members of families with a history of domestic violence. It is now known that people below the age of 16 who use cannabis are more likely to develop psychosis. However, any onset of mental illness in people below the age of 14 can be prevented in 50% of cases if the right support is available. Specialist services for young people who experience problems as a result of using recreational drugs, such as cannabis, will be required in the future.

Statistics about people with mental health problems need to be treated with caution because signs are missed by GPs who may be too busy to speak to people about their feelings. Rather than take up doctors time 75% of these people receive no help. However, people with a mental illness have poor physical health, and die 10 years earlier than the rest of the population so this problem must be addressed.

Approximately 75% of employers' state they would not employ someone with a mental health condition resulting in 40% of claimants of Employment Support Allowance being claimed by people with mental health problems. Some people who are unemployed turn to crime to make ends meet resulting in 72% of male prisoners and 70% of female prisoners having two or more mental health disorders.

Referred from member of the public via IDAS March 2009

Presentation from Mike Beckett, York Mind and David Smith, Our Celebration at PACE July 2009

Presentation from Mike Beckett, York Mind at PACE July 2009

Presentation from Mike Beckett, York Mind at PACE July 2009

<p>Most men choose to deal with mental health problems themselves by throwing themselves into work or turning to drink or drugs. This leads to men being three times more likely to be dependent on alcohol and twice as likely to be dependent on drugs as women. Women also tend to seek help earlier so their conditions do not deteriorate so much. The National Institute for Clinical Excellence (NICE) recommends that more people suffering from depression and anxiety disorders should have access to psychological therapies. To support this the Government has provided extra funding to assist people to get help sooner.</p>	<p>Presentation from John Pattinson, NHS North Yorkshire and York at PACE July 2009</p>
<p>NHS North Yorkshire and York currently spend 14% of their overall budget on mental health services but more funding may be necessary to provide an improved service.</p>	<p>Presentation from John Pattinson, NHS North Yorkshire and York at PACE July 2009</p>
<p>The cause of mental health illness is not known. Some drugs help some people some of the time but it is not known how or why this happens. At present, we use drugs to treat imbalances in the brain which are thought to be the cause of mental health problems but some people question whether problems really do occur as a result of an imbalance. The question is whether replacing drugs with more help to assist people to maintain their position or integrate into society would be more efficient.</p>	<p>Presentation from David Smith, Our Celebration at PACE July 2009</p>
<p>It has been proven that the self-help route for people with mental health problems is more effective than antidepressants. One way to self-help is through learning. Achieving a qualification gives people with a mental health problem a sense of reward enabling many of them to gain the self confidence and take</p>	<p>Presentation from David Smith, Our Celebration at PACE July 2009</p>

<p>part in other areas of society.</p> <p>One third of people over 95 have dementia, 1 in 6 people over 80 have dementia and 15,000 people under 65 are affected, there will be over a million people with dementia by 2025. Approximately, 60,000 deaths a year are estimated to be directly attributable to dementia. Vascular dementia may follow a stroke or a series of small strokes (multi-infarct dementia) and is the cause of 25% of dementia. People with high blood pressure are most at risk of vascular dementia.</p> <p>People in the later stages of dementia have problems carrying out everyday tasks, and become increasingly dependent on other people. When questioned, most people aged 50+ stated that they most feared a lack of control due to mental incapacity in old age. This lack of control can be demonstrated by only one third of people with dementia living in their own home meaning that two thirds are cared for in residential and nursing homes.</p> <p>GP's are often the first line of contact to diagnose dementia but they need more diagnostic tools to detect signs earlier. In February this year a National Dementia Strategy with 15 recommendations was launched setting out an ambitious 5 year plan to transform the lives of people with Dementia.</p> <p>City of York Council Health Overview and Scrutiny Committee undertook a review of the experiences of older people who received general health services in York Hospital. Several recommendations were made by the committee (see Appendix 2) and some progress has been made in implementation but if this has improved the service to patients is not</p>	<p>Presentation from Gill Myers, Alzheimer's Society at PACE July 2009</p> <p>Presentation from Gill Myers, Alzheimer's Society at PACE July 2009</p> <p>Presentation from Gill Myers, Alzheimer's Society at PACE July 2009</p> <p>City of York Council, Dementia Review (Assessing secondary care), November 2008</p>
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<p>known at present.</p> <p>The All-Party Parliamentary Group on Dementia recently published the findings from their enquiry into the skills of the social care workforce. Sadly, the Group discovered that care workers in general have very little knowledge of dementia and approximately one-third of dedicated dementia care homes provide no specialist training in this area to staff. One of the recommendations from the City of York Council Health OSC review is that primary and secondary statutory services review their arrangements for staff training to enable them to recognise the needs of people with dementia.</p>	<p>Dearth of dementia skills in social care workforce, Policy Update, July 2009</p> <p>City of York Council, Dementia Review (Assessing secondary care), November 2008</p>
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Recommendations from the LINK:

A variety of providers could manage mental health services in York. The LINK or the Mental Health Forum could undertake a survey to discover what services people with mental health problems think should be provided.

1. York LINK recommends that NHS North Yorkshire & York must include lay stakeholders in York (mainly York Mental Health Forum) in the commissioning process for a new provider of mental health service at all stages.
2. York Mental Health Forum could consider undertaking a survey to identify the services required from the new provider.

The new three year block contracts for NHS Mental Health services should not disenfranchise local community and voluntary groups. Commissioning for services in York should be carried out mainly using statistics from the York population which could soften the blow. Also with 15% of the overall NHS North Yorkshire and York budget that is allocated for the Central Locality (York) is invested in local voluntary groups and charities they will be able to develop more innovative approaches.

3. York LINK recommends that NHS North Yorkshire & York and City of York Council Commissioners provide assistance to local voluntary groups and charities on how to prepare bids for tenders to provide services.
4. York LINK recommends that services are commissioned in York using the evidence of need by the population of York.
5. York LINK recommends that NHS North Yorkshire & York allocates 15% of the budget for the Central Locality area to support local voluntary groups and charities.
6. York LINK recommends that statutory services commission more learning opportunities for people with mental health problems.

Members of the Mental Health Forum in York maintain that the Joint Strategic Needs Assessment for 2009/10 is inadequate to address the problems experienced by people with mental health problems.

7. York LINK recommends that NHS North Yorkshire & York and City of York Council consult members of the Mental Health Forum on an

ongoing basis to redress this imbalance in the 2010/11 Joint Strategic Needs Assessment.

It is worrying that depression and anxiety affects 1 in 6 people at present and is predicted to rise due to the present financial crisis. Also, that young people who use cannabis are more prone to develop mental health problems. Missed opportunities for introducing early intervention by GPs who may be too busy to speak to people about their feelings must be redressed.

8. York LINK York LINK should congratulate the many local voluntary groups and charities on the excellent supportive and preventative work that they provide at present
9. York LINK recommends that NHS North Yorkshire & York commission more preventative services highlighting the dangers of recreational drugs in young people and early intervention services for people who are going through stressful times.
10. York LINK recommends that NHS North Yorkshire & York investigate providing specific services to support young cannabis users.
11. York LINK recommends that York Health Group members (GP's) are made aware of the benefits of asking people about their feelings and providing time to speak about this.

LINK Steering group members were very concerned that approximately 75% of employers' state they would not employ someone with a mental health condition and believe that this must be addressed to give people more of a chance to access the benefits of employment.

12. York LINK recommends that statutory services implement a campaign to highlighting that people with mental health problems are just as capable as other employees and can effectively contribute to businesses.
13. York LINK recommends that statutory services work in partnership to support people recovering from mental health problems to prepare for work and improve their access to employment opportunities.

It is encouraging that the onset of mental illness in people below the age of 14 can be prevented in many cases. However, services must be

available for the most vulnerable such as children and young people from families with a history of domestic violence.

14. York LINK recommends that NHS North Yorkshire & York work with the Independent Domestic Abuse Service to commission appropriate services for children from families with a history of domestic violence.

City of York Council have introduced several measures to support people who are unemployed during the present financial crisis and hopefully this will help to prevent an increase in crime. However, the number of people in prison who have a mental health problem is disturbing and an area that York LINK has not considered in the past.

15. York LINK should make contact with people in Askham Grange Women's prison to ascertain their views on health and social services.

People fear a lack of control over their lives if they experience dementia in old age which is understandable given the number of people with dementia living in residential or nursing homes. There is much more work to be undertaken in the area of investigating services for people with dementia than was included in the PACE.

16. York LINK should establish a York Dementia Group that includes both voluntary and statutory stakeholders to implement the 15 recommendations from the National Dementia Strategy that must be delivered within the next five years.

Bibliography

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City of York Council, Dementia Review (Accessing secondary care), November 2008

Department of Health National Service Frameworks, Mental Health, Modern Standards and Service Models, executive Summary, 2002

Help the Aged Policy Update, Dearth of dementia skills in social care workforce, July 2009

NHS North Yorkshire & York, Transforming Community Services – mental health Update, July 2009

YHIP, Listening to you, National Dementia Strategy: key priorities for Yorkshire and Humber, June 2009

York and Selby Local Implementation Advisory Group (LIAG), Identification of needs for mental health services, December 2008

York Voluntary Sector Mental Health Forum, Annual Report 2008

Public Awareness & Consultation Event

Monday 20 July 2009

Central Methodist Church, St Saviourgate, York, YO1 8NQ

Programme

10.00 – 10.45	What are mental health conditions and services York Mind provide - Mike Beckett, York Mind
10.45 – 11.15	The history of mental health and services Our Celebration provide - David Smith, Our Celebration
11.15 – 11.30	Coffee / tea
11.30 – 12.00	What is Dementia? - Gill Myers, Alzheimer's Society
12.00 – 12.45	Lunch
12.45 – 13.30	Update on what is happening about mental health services in York - John Pattinson, NHS North Yorkshire and York
13.30 – 14.45	Discussion
14.45 – 15.00	Recommendations for the future

Appendix 2

City of York Council, Dementia Review (Accessing secondary care),
November 2008

This report can be accessed via the City of York Council website:

<http://www.york.gov.uk/council/meetings>



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