**What do you think about the help available for people with mental health difficulties in Sheffield?**

**A Mental Health Strategy for 2014 and beyond**

The last *Sheffield Strategy for Mental Health and Well-Being* was published in 2009. It was developed by the Mental Health Partnership Board that includes a wide range of stakeholders from health services and the City Council together with people with experience of using services, carers who support service users, and other mental health providers from the voluntary, community and faith sectors.

The 2009 Strategy identified 13 broad priorities (Appendix 1). These still have a lot of validity but we want to update them and guide the direction for mental health services and support for the next 3 – 5 years

Since 2009 and particularly recently there have been a number of national policy documents and influential reports that have set the focus for future service delivery. Those have included:

“*No Health without Mental Health*”

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

*The Abandoned Illness: A report by the Schizophrenia Commission*

<http://www.schizophreniacommission.org.uk/>

*Starting Today – the future of mental health services* – Mental Health Foundation

<http://www.mentalhealth.org.uk/publications/starting-today-future-of-mental-health-services/>

*Closing the Gap: Priorities for essential change in mental health*

<https://www.gov.uk/government/publications/mental-health-priorities-for-change>

*Joint Commissioning Panel for Mental Health – Commissioning Guidance*

<http://www.jcpmh.info/>

In addition there is discussion about personal health as well as social care budgets, increased integration between health and social care and the implementation of Mental Health Clustering that connects the mental health treatment a person receives to the payment that the health trust providing that service receives.

At the heart of all of these grand intentions are the individual experiences of people. Those who need the services and those who care for them.

We need to understand the experience of service users and carers who seek help when it is needed, and to understand what assists them in their journey of “recovery”. We need to find out what is working and what is not; what helps at those decisive moments and what does not?

**What is to be done?**

We want to know from you what you think needs to be different or changed over the next 3 – 5 years to improve the experience of getting help about mental health and illness. What are those things and which of them are the most important from your experience?

To find this out we want as many people as possible to answer the following question:

***“If you could change three things about mental health services and support what would they be?” Please briefly explain why, particularly using your own personal experience where you are able or wish to do so.***

Appendix 1 - The 2009 Strategy 13 broad priorities

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| **Priority** | **How this will be taken forward** |
| * Develop and implement a plan that makes sure choice and self-determination is at the heart of mental health services. | Develop individual support and recovery planning done with the advice and assistance of services. This will include the development of self-directed support across health and social care. |
| * Make sure people in all parts of the city and across all communities have equal access to mental health services. | Improve access to mental health care and support for black and minority ethnic communities and other communities of interest with the greatest disadvantage. Review the distribution of services in relation to need. |
| * Work with partners to improve access to employment, training and other aspects of living a quality life. | Develop vocational rehabilitation that supports people with their aspirations to gain experience through volunteering, training and employment. Promote employment opportunities including tackling discrimination in the workplace. |
| * Develop and implement outcomes that address “quality of life” as the basis for future commissioning and service provision. | Develop quality of life outcome measures by drawing on work carried out in Sheffield and elsewhere and the individual support and recovery planning process, and build these into service specifications and monitoring arrangements. |
| * Work with partners to improve the physical health of people with mental health problems and address the mental health needs of people with physical illness. | Promote physical well-being. Further develop health screening for people with mental illness. Improve the recognition and management of mental health problems amongst staff in generic services. Address the psychological health needs of people with long-term conditions and medically unexplained symptoms. |
| * Fully implement the stepped care approach, including access for most people to local mental health services working closely with primary care. | Review the operation of services in line with stepped care, and build this into service specifications. Improve access to mental health advice, treatment and support by building capacity at primary care and community level, including access to psychological therapies. |
| * Work with partners to develop programmes that promote mental health across all parts of the community. | Tackle stigma and discrimination and improve awareness of mental health problems and how they can be identified early and appropriate support obtained. Work to make Sheffield a mental health promoting place to live and work. |
| * Within the stepped care framework, make sure there are high quality specialist mental health services for people who need them | Ensure the provision of specialist services as appropriate to meet the needs of people with severe and complex mental health problems. Develop staff skills and knowledge in line with best practice and NICE guidance, and make sure services are provided with respect. |
| * Develop and implement “care pathways”, making sure there are clear routes for people to access services and move between them. | Develop care pathways that can provide choice and support individual support and recovery planning, including needs-based crisis and in-patient services. Build these into service specifications. |
| * Work with partners to improve availability of housing and accommodation with support | Develop initiatives both short-stay and longer- term that help avoid the need for hospital admissions and reduce their length of stay where this is appropriate. |
| * Develop joint planning of mental health services with service users and carers | Involve service users and carers in the development of service specifications and service procurement and promote self-help initiatives. |
| * Make sure people with a dual diagnosis can access high quality mental health services. | Review services for people with all types of dual diagnosis to make sure that they are of an equal standard to other mental health services |
| * Deliver appropriate mental health services for younger and older people. | Support the development of plans for age appropriate services for younger people with mental health problems. Use service specifications to ensure that older people have equal access to high standard services. |