



2023-2028

Hampshire Mental Wellbeing Strategy

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Foreword

This strategy sets out our vision for improving outcomes and reducing inequalities in mental wellbeing for local people in Hampshire. Hampshire partners have worked hard as individuals and together to make significant improvements in the mental wellbeing of our local people.

However, there are many priorities and areas that need focused attention to drive further progress forward. This strategy identifies the overall aspirations for improving mental wellbeing amongst our Hampshire population and sets out the achievable steps that need to be taken (both in the short and longer-term) to get there.

The Hampshire Improving Mental Wellbeing Board has made a commitment to work together to ensure that positive mental wellbeing for all is a high priority, irrespective of anyone's circumstances. All partners working across Hampshire recognise the need to support and enable people to improve their mental wellbeing

so that the people of Hampshire can enjoy more years in good health.

This strategy will focus on the mental wellbeing of all adults across Hampshire, whilst recognising the importance of working across the life course, and of ensuring that mental and physical wellbeing are given equal importance. The strategy will focus not on mental health services, but on the actions required to support people before they might require services or reach a crisis point. It will set out the Board's commitment to working collaboratively to prevent mental ill health, promote positive mental wellbeing and reduce death by suicide irrespective of anyone's circumstances.

Simon Bryant BSc, MSc, MSc, FFPH
Director of Public Health

Chair, HIMWB
On behalf of the Hampshire
Improving Mental Wellbeing Board

Introduction

This strategy has been developed collectively with partners who make up the multi-agency Hampshire Improving Mental Wellbeing Board (HIMWB). The breadth of membership of this Board enables a multi-agency strategic steer as well as linking into operational colleagues. This allows the Board to gain a true perspective of what is achievable and will make the most difference to our Hampshire population in terms of enabling the improvement of mental wellbeing of all.

The focus emphasises a preventative approach that addresses a range of wider factors that influence mental wellbeing (such as green spaces, employment, housing, etc) otherwise known as the wider determinants of health. It reinforces

the links between people’s mental health and wellbeing and their physical health, the interrelationship with deprivation, as well as summarising information about the differences in wellbeing amongst various population groups within the county.

A positive approach to mental wellbeing has been a key driver since the inception of the Hampshire Improving Mental Wellbeing Board. All partners acknowledge that mental health is a continuum and that some individuals experience ups and downs in their mental wellbeing at different points in their life, whilst others may stay at a relatively fixed point. Everyone has mental health and everyone has a right to positive mental health.

Partners

This strategy has been developed by members of the Hampshire Improving Mental Wellbeing Board with a dedicated

task and finish group to oversee the development, consultation, writing and final document design.

Partner organisations

Andover Mind	HIOW NHS Integrated Care Board (ICB)
Department for Work and Pensions	HMP Winchester
Energise Me	Inclusion (Hampshire Substance Misuse Service)
Frimley NHS Integrated Care Board	Mental Health and Wellbeing Service (Op Courage)
Hampshire and Isle of Wight Constabulary	National Probation Service
Hampshire County Council	New Forest National Park Authority
Hampshire CVS Network	Solent Mind
Hampshire District and Borough Councils	South Downs National Park Authority
Hampshire Fire and Rescue Service	Southern Health NHS Foundation Trust
Hampshire Police and Crime Commissioner	Surrey and Borders Partnership Foundation Trust
Havant and East Hants Mind	

Glossary

Mental wellbeing can mean different things to different people. There is not one universally agreed language that is used by all partners or even the public. For the purposes of this strategy and to aid the development of shared use of language across Hampshire the following definitions will be used by the HIMWB Board and throughout this document.

Mental wellbeing

Mental wellbeing includes both our feelings, such as contentment and enjoyment and our ability to function well in our lives and to engage with the world. It could be summarised as living in a way that is good for ourselves and others. No Health Without Mental Health defines mental wellbeing as...

“ a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. ”

Positive mental health is more than the absence of mental illness. 'Mental wellbeing' and 'mental health' are often used interchangeably, though mental health is more often used in a context where mental illness is being discussed, for example, to describe treatment services.

Happiness

Feelings of joy and pleasure, feelings of happiness, contentment, enjoyment, curiosity, and engagement are

characteristic of someone who has a positive experience in their life. Meaning and a sense of purposeful engagement are also significant components of happiness.

Emotional resilience

Emotional resilience is the ability to cope with upsetting or difficult life events, to learn from mistakes and bad experiences, and then be able to leave them behind. Another description of resilience is 'doing better than expected in the face of adversity'. Strong emotional resilience doesn't preclude feeling sad or upset but it does enable us to cope better with the challenges we face. Feeling connected and able to contribute to our community is an important aspect of this.

Mental illness or ill health

Mental illnesses include common conditions such as depression and anxiety as well as schizophrenia and bipolar disorder (which may also sometimes be referred to as severe mental illness).

Inequalities

Everyone in society should have the opportunity to make healthy choices, live healthy lives, and access high-quality health and social care services, however, inequalities in power, money, and resources at local and national levels can make people's daily lives more challenging. In turn, this can make people more vulnerable to poor health.

Inclusion

Giving equal access and opportunities, and getting rid of discrimination and intolerance.

Diversity

Respecting and appreciating what makes people different.

Trauma

Trauma results from an event, series of events, or a set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are known as traumatic events occurring before the age of 18 years old. High or frequent exposure to ACEs, without the support of a trusted adult, can lead to toxic stress. These can include various forms of abuse, neglect, witnessing or otherwise experiencing violence, having one's parents separate, and living with parents who are afflicted by mental illness or addiction, among other adversities.

No Wrong Door

No Wrong Door (NWD) is the adult community mental health transformation programme across Hampshire, Southampton, Isle of Wight, and Portsmouth. It is aligned with the

delivery of the Community Mental Health Framework outlined in the NHS Long Term Plan.

Suicide prevention

Deaths from suicide are tragic and have a devastating effect on families, friends, and communities. Suicide prevention refers to the collective efforts needed to reduce these deaths, recognising that each death is often the endpoint in a complex history of events and risk factors. The actions required to prevent them reflect this complexity and are needed at individual, relationship, community, and societal levels.

District councils aims and achievements

“

New Forest District Council

We work with the School Sports Partnership to support young people to maximise their resilience and capabilities. We also work to support homeless men with employment support and mentorship as well as operate a befriending scheme targeting those residents who are homeless.

”

“

East Hants District Council

We have dedicated a funding pot for health and wellbeing, both for community work around both physical and mental wellbeing.

”

“

Eastleigh District Council

Mental health is a cross-cutting theme throughout our whole Health and Wellbeing Board Strategy with actions such as promoting the ‘Every Mind Matters’ campaign to increase public understanding of mental health problems and skills in self-care, Eastleigh Primary Care Network innovatively working with The Point, Winchester University and Solent MIND in a pilot initiative using the arts to improve mental health.

”

“

Hart District Council

Our Here for Hart website is there to signpost our residents to lots of mental wellbeing support.

”

“

Winchester District Council

Our focus for mental health moving forward lies with supporting residents with the cost-of-living crisis, increasing physical activity level as well as tackling loneliness and isolation.

”

“

Basingstoke District council

We have created an online wellbeing toolkit as well as commissioning a range of services: Relax Kids to deliver sessions to young school children (to help with anxiety) and wellbeing walks. We want to enhance our exercise referral schemes at our leisure centres to specifically target those with mental health or obesity.

”

Vision

All partners have come together and agreed this shared vision for Hampshire.

1

The people of Hampshire will be encouraged and supported to achieve the best mental health and wellbeing they can by partners that are committed, skilled and able to respond in times of need.

2

The people of Hampshire, will be enabled to maintain positive mental health and wellbeing, irrespective of their circumstances, understanding that some individuals and groups may need extra support to achieve this.

3

The people of Hampshire will know that organisations are committed to working in partnership with each other and with local people to implement integrated approaches to mental wellbeing, promotion, support and care and improve wider factors that can help or hinder mental wellbeing.



Strategy aim

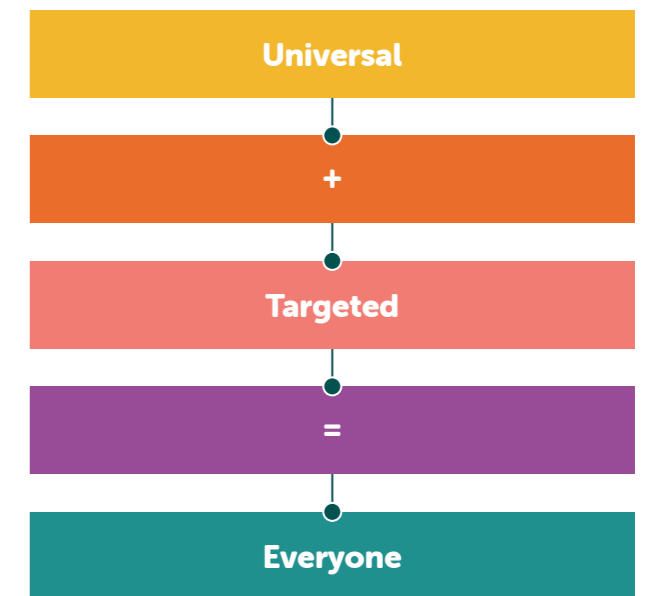
This strategy shows how partners across Hampshire will work together to promote mental wellbeing and support the people of Hampshire to have the best mental health they can, reducing inequities in mental wellbeing across certain groups.

It is a collectively ambitious strategy with a pragmatic approach to which all partners have signed up. Improving our population's mental wellbeing will require agile, collective action across many layers of activity and organisations, recognising the complexity of the ambition to improve mental wellbeing across the population. This strategy will sit alongside and complement many other strategies and plans that are embedded across Hampshire which aim to achieve the vision, as discussed prior.

The drive to achieve a shared understanding of the mental wellbeing of the people of Hampshire, enhance their ability to self-care, and enable access to appropriate levels of support at the right time, in the right place for those with the greatest need, is central to this strategy.

This strategy takes a **two-pronged approach:**

- 1. **Universal approach** to encourage good mental wellbeing, emotional resilience and self-care across all age groups and populations.
- 2. **Targeted approach** to tackle mental wellbeing inequalities to reach, engage and improve the mental wellbeing of those at an increased risk of the worst outcomes.





Almost **1 in 5** people aged 16-64 years has a common mental health disorder²



Approximately **350,000** people in Hampshire experience a mental health problem of some kind each year



Women are roughly **1.5 times more likely** to suffer from a mental health disorder²



Nationally, in 2020 to 2021 **64%** of people starting alcohol treatment reported a mental health need⁹



1 in 10 people in Hampshire accessing alcohol treatment services are also accessing mental health services, suggesting unmet need¹⁰



42% of adult carers aged 65+ years have as much social contact as they would like



The Hampshire suicide rate per 100,000 is **13.6 for men** and **4.5 for women**, this is lower than the England average⁵



Being employed is a protective factor

for mental wellbeing. Havant has a greater percentage of people unemployed (5%) than the rest of England



8.6% of Hampshire's population reported a low happiness score⁶

Less than 40% of people in Hampshire who are in contact with secondary mental health services live in stable and appropriate accommodation



Nearly **4 in 10** veterans report having a mental health disorder⁸



Nationally half of **people in problem debt** are experiencing a mental health problem¹¹



Almost **1 in 7** people in Hampshire has depression⁴



In 2021 to 2022 there were **3,075** emergency hospital admissions

for self harm³ but this is the tip of the iceberg a lot of self-harm does not end up in hospital



Nationally **1 in 4** people will experience a mental health problem of some kind each year¹



Nationally in 2018, 14-19 year olds who identify as part of the LGBTQ+ community were over **2.5 times more likely** to have a mental disorder⁷

¹ McManus, S., Meltzer, H., Brugha, T.S., Bebbington, P.E., and Jenkins, R. (2009) Adult psychiatric morbidity in England, 2007: results of a household survey
² Adult Psychiatric Morbidity Survey – NHS Digital
³ Hospital Episode Statistics (HES) – NHS Digital
⁴ National General Practice Profiles – OHID phe.org.uk
⁵ Public health profiles – OHID phe.org.uk

⁶ Personal well-being in the UK – Office for National Statistics ons.gov.uk
⁷ Mental Health Data Hub – NHS Digital
⁸ Prevalence of common mental health disorders in military veterans: using primary healthcare data | BMJ Military Health
⁹ Office for Health Improvement and Disparities – GOV.UK
¹⁰ NDTMS – Home
¹¹ moneyandmentalhealth.org/publications/

Underlying principles

Partner organisations have committed to a number of principles that underpin this strategy. These are fundamental qualities that should permeate all partners organisational approach to mental wellbeing across the Hampshire population.

This enables all partners to sign up to the **Prevention Concordat¹²** for Mental Health which focuses on achieving strategic and system-wide engagement and delivery to improve mental wellbeing.

Partners to this strategy agree to:

- ensure this strategy does not stand alone but is firmly embedded across the **HLOW Integrated Care System and the Frimley Integrated Care System**, and all the **District Councils¹³** within Hampshire;
- treat **mental health and physical health equally**, they are linked and treated in this way;

- ensure **people (including carers) with lived and living experience** are at the heart of decision-making and developments;
- recognise that **social, economic, and environmental factors** impact people's health, such as education, housing, and employment status;
- focus on **prevention and early intervention**. Prevention means enhancing the things that protect our mental wellbeing and reducing the risk factors for poor mental health. Early intervention means early help and support for people showing the early signs of a mental health difficulty and supporting people with mental health difficulties to stay as well as they can;
- value that we can achieve much more working together in **partnership**, with a common vision, priorities, and values;
- recognise the impact of **trauma and adversity** on people's mental health and wellbeing;

- recognise people are experts in themselves; services and support must **work collaboratively on the things that matter to people and communities**, building on their individual strengths;
- adopt a **recovery focus** wherever possible. This means gaining and retaining hope, understanding our abilities and disabilities, engaging in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self;
- challenge **stigma and prejudice** at all levels;
- proactively address issues of **inclusion and diversity**. Inclusion is about equal access and opportunities and getting rid of discrimination and intolerance. Diversity is about respecting and appreciating what makes people different;
- recognise the value and expertise of the **voluntary and community sector** as an integral partner.

¹² Prevention Concordat for Mental Health

¹³ Basingstoke and Deane, East Hampshire, Eastleigh, Fareham, Gosport, Hart, Havant, New Forest, Rushmoor, Test Valley and Winchester. The cities of Portsmouth and Southampton are not governed by Hampshire County Council

Priority outcomes

We have high aspirations for the people of Hampshire but also recognise that many steps need to take place to make our aspirations a reality. We want to show the commitment and the steps that are needed to ensure we are always working towards our end goal of improving the mental wellbeing of our local people.

The actions are categorised as 'now' and 'next.' This demonstrates the commitment by all partners to ensure focused action is taken at the right time and that a clear direction has been mapped out for the next five years.

The Hampshire Improving Mental Wellbeing Board will regularly reassess progress to ensure we move into the 'next' actions in a timely manner. This highlights the dynamic nature of this strategy and that priorities need to be able to flex, as do organisations, in response to local circumstances and needs.

1

System wide focus on prevention

Hampshire people will be able to draw on the support mechanisms in place enabling them to maintain positive wellbeing and prevent mental ill health happening through early intervention



2

Wider determinants of health

The people of Hampshire will be supported to improve mental wellbeing through other areas of their lives – housing, income, employment, transport, access to green space and physical activity, and social aspects



3

Lessen the stigma

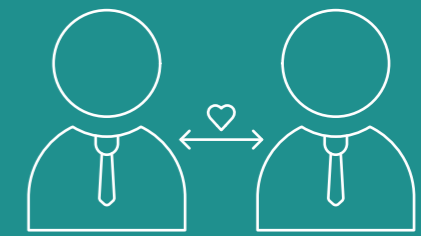
The people of Hampshire will be able to talk about their mental health and wellbeing with the same openness as their physical health without fear of prejudice or discrimination



4

Capacity and capability across the workforce

The people of Hampshire will benefit from a competent and confident workforce with the knowledge, skills, empathy and capacity to support them with their mental health and wellbeing



5

Suicide prevention

The people of Hampshire will be aware that suicide prevention is everybody's business



6

Higher risk groups

The people of Hampshire who are at a higher risk of poorer mental wellbeing will be supported in ways that are proven to make a positive difference and suit their needs



Actions to make this happen

1 System wide focus on prevention

Hampshire people will be able to draw on the support mechanisms in place enabling them to maintain positive wellbeing and prevent mental ill health happening through early intervention.

System sponsor

Public Health, Hampshire County Council



Now 1.1

Action

Identify priority at-risk groups, meet their mental wellbeing needs. This will be done by using the findings from the HIOW MHNA, the Hampshire Mental Health Vulnerability Index, Hampshire qualitative mental wellbeing insight findings, from the Hampshire ethnic minority community researchers work on mental health, work of the IAPT outreach team, Frimley health utilisation data, and the Hampshire Advancing Mental Health Equalities group.

Ambition

Identify priority at-risk groups producing an action plan and to address the gaps and their needs. This plan will be methodical, with evidence-based actions, measurable outcomes, and prioritised to address the greatest needs first.

Lead partners

Advancing Mental Health Equalities lead, VCSE sector, and Public Health.

Success indicators

- An ambitious plan of deliverables is agreed by partners. Designed to track action progress and success.

Now 1.2

Action

Lead by example to deliver effective mental wellbeing multi-agency communications, inclusive of public and professional signposting and awareness of information.

Ambition

That we have joined-up communications that amplify agreed, simplified mental wellbeing messages. This will enable the people of Hampshire to confidently access advice, information and support to improve mental wellbeing and prevent mental ill-health. Messages will be formulated using behaviour change tools, and informed by the latest evidence-base, local insight and best practice.

Lead partners

Public Health, Hampshire County Council as lead for the multi-agency mental wellbeing communications group.

Supported by VCSE sector, health partners, other public sector partners such as libraries and county parks, anchor institutions, and district and borough councils.

Success indicators

- Wide representation, attendance and engagement at the multi-agency mental wellbeing communications group.
- Increase in traffic to local mental wellbeing websites/pages such as the Southern Health crisis page and Mental Wellbeing Hampshire, indicating greater awareness of where to access local information.
- Increase in appropriate use of 111 mental health line, and Hants Shout messaging service.
- Increase in access and appropriate referral to service providers including IAPT, Mind wellbeing service.
- Inclusion of consistent crisis intervention messaging at regular intervals during the year across all partners.

Now 1.3

Action

Build on the Hampshire No Wrong Door Board action plan and the Frimley Community Mental Health Transformation workstream to ensure a smooth and equitable service user journey through wellbeing support services. This includes those transitioning between children's and adult's mental health services.

Ambition

Hampshire people are empowered to shape their care and support and can access appropriate mental health and wellbeing support that works for them. The system has processes in place across agencies to deliver person-centred care.

Lead partners

Hampshire ICS and Frimley ICS

Success indicators

- Community Mental Health services will be defined as a single continuous pathway of care across Community, Primary Care, and Secondary Care.
- The service user will be able to enter the continuum of care at any point and will be supported to see the correct professional, within a suitable timeframe and at the right place.

- Care will be delivered as close to a person's home as possible. The care will be provided by carers, family and friends, community services, voluntary and third sector services, as well as statutory services provided by the Local Authority and the NHS.
- The Service User will own their care. The process of care will be collaborative and include engaging with all individuals, as agreed with the service user.
- Individual need should be identified as early as possible, and services should focus on prevention to avoid the development of complex needs.
- There will be investment into community initiatives to enhance the directory of services and provide local support.
- Where specialist mental health support is required, the service user will transition into Community Mental Health Teams via a trusted assessment, rather than the current referral, triage, and assessment process, whilst maintaining care from their GP.
- Service users will have access to a range of specialist services

across the care continuum to provide early intervention, with the aim of preventing relapse into complex health needs.

These include:

- at risk mental state services;
- Early Intervention in Psychosis (EIP);
- perinatal services;
- personality disorder services;
- Individual Placement and Support (IPS);
- rehabilitation;
- community eating disorder services;
- community forensic services.
- Services will be designed to ensure that the service user will be able to access care for their physical health needs as well as their mental health needs. All service users will have access to an annual health check.
- Specialist Community Mental Health Services will be accredited and meet NICE guidance.

Next 1.4

Action

Ensure parity of esteem between mental and physical health in all policies.

Ambition

Mental health and wellbeing get the same recognition, support and protections that physical health does in all setting/organisational policies and procedures.

People of Hampshire feel that the organisation's with which they engage for education and training, employment, volunteering, economic, social or other support acknowledge needs and take action to enable those experiencing a mental wellbeing need to continue to engage without stigma or discrimination, in the same way that action would be taken to address physical health needs.

Lead partners

District and borough councils, Hampshire, District Community, and Wellbeing and Officers Group.

Success indicators

- Prevention Concordat sign up, Workplace wellbeing charter or similar, deliver workplace mental health training.

Next 1.5

Action

Deliver targeted communications on Five Ways to Wellbeing, resilience and self-help for specific groups.

Ambition

Appropriate, accessible communications, developed using insight and co-production where appropriate, are delivered to target populations in order to provide knowledge, skills and confidence to look after their own wellbeing and know where to access early help if a need is identified.

Lead partners

Public Health, Libraries, VCSE sector, Mind, district borough councils, and NHS partners.

Success indicators

- Target groups have increased awareness on how to protect their mental wellbeing, can identify when a mental health need arises and feel empowered to access appropriate early help.

“

Ethnic minority mental health insight

I feel lonely but don't want to talk to anyone about it as it's my family matter.”

“

Older adult (65+)

Even at work when I was having counselling, there was a percentage of people who almost became wary of me. Certainly, a percentage of people who then thought I couldn't do my job properly.”

“

Retirement and wellbeing insight

I think it's a generational thing, I don't think we ever had time to even think about our mental health... Everybody seems to be concerned about everybody's mental health now, but we just got on with things.”

“

We Can Be Active online conversation participant

I have had periods of time in the past when I felt particularly unhappy and down and I can categorically say that exercise made a colossal difference for me. I would prescribe that medicine any time.”

2 Wider determinants of health

The people of Hampshire will be supported to improve mental wellbeing through other areas of their lives (housing, income, employment, transport, access to green space and physical activity, social aspects).

System sponsor

Hampshire Improving Mental Wellbeing Board



Now 2.1

Action

Promote and increase the range of outdoor spaces where people can be active to improve their mental wellbeing by utilising the natural environment and new and non-traditional local spaces.

Ambition

No matter where someone lives, the people of Hampshire feel able to access outdoor spaces and understand that physical activity and nature can have a positive impact on mental wellbeing.

Lead partners

Hampshire County Council, South Downs and New Forest National Park Authorities, Energise me, and HCC Countryside Services.

Success indicators

- Increase in activity levels across Hampshire, particularly in our least active communities.
- ONS measure – Proportion of Hampshire residents accessing 120 minutes in nature.

Now 2.2

Action

To ensure that the people of Hampshire are supported through the 'cost of living pressures' through multi-agency collaboration.

Ambition

To reduce the burden of the people of Hampshire's mental wellbeing due to the cost of living crisis.

Lead partners

Hampshire Money and Mental Health Partnership, DWP, Hampshire County Council, VCSE sector, and district and borough councils.

Success indicators

- Increased access to support for cost-of-living initiatives.

Now 2.3

Action

Support people to prepare for; obtain and retain employment.

Ambition

To reduce unemployment and sustain meaningful, purposeful employment in Hampshire.

Lead partners

DWP with support by primary care, mental health services, VCSE sector, employers, training providers, and educational institutions.

Success indicators

- Percentage of Hampshire residents in education, training or employment.

Now 2.4**Action**

Work towards ensuring safe, suitable, secure, and healthy homes throughout the life course.

Ambition

Hampshire residents have a choice of high-quality housing to meet needs.

Lead partners

District and borough councils, Hampshire County Council, Hampshire and Isle of Wight Fire and Rescue Service.

Success indicators

- Percentage of homes classified as overcrowded; Homelessness (households in temporary accommodation).

Next 2.5**Action**

Advocate for all partners to be committed to the Living Wage with implementation at a local level.

Ambition

Ensure that Hampshire residents have a level of income in line with government expectations.

Lead partners

Hampshire Improving Mental Wellbeing Board

Success indicators

- Income levels based from ONS

Next 2.6**Action**

Enhancing the local offer of community social connections, building on the importance of family, friends and community to support wellbeing, and considering opportunities for developing social connection and community through planning decisions.

Ambition

Increasing awareness of support available in the VCSE sector to enhance social connections outside of family life. Working with planners so that they understand how their role and decisions impact this.

Lead partners

VCSE sector, libraries, and planning in districts and boroughs.

Success indicators

- Reduction in social isolation trends.
- Increase in the use of the VCSE sector through social prescribing.
- Place promoting opportunities for social connection.

Next 2.7**Action**

Promoting the concept of volunteering to improve mental health and wellbeing, including promoting opportunities for seldom heard communities (those communities whom we haven't found the right approach to enable engagement).

Ambition

To increase levels of volunteering across Hampshire and to find alternative ways to approach those people who have minimal engagement with services.

Lead partners

HCC, district and borough councils, DWP, Mental health Services, ICBs, PCNs, VCSE sector, South Downs and New Forest National Park Authorities, libraries, and Hampshire and Isle of Wight Fire and Rescue Service.

Success indicators

- Wider engagement in volunteering and employment from our whole community.

Next 2.8

Action

Promoting the local offer of green, blue space and nature for mental wellbeing to targeted seldom heard groups.

Ambition

Addressing health inequalities through targeted work to improve access to green/blue space and nature for seldom heard groups.

Lead partners

South Downs and New Forest National Park Authorities, HCC Countryside Services, nature-based VCSE such as Hampshire and Isle of Wight Wildlife Trust, woodland trust, Forestry England, and Portsmouth Water.

Success indicators

- More people benefitting from new partnerships between the health and environment sectors, with a focus on health inequalities.
- More people taking part in walking/cycling/nature activities for health programmes, with better information sharing and signposting to offers.

Next 2.9

Action

Utilise existing structures to ensure health is at the forefront of transport developments and encourages accessible active travel (i.e. Hampshire's Local Transport Plan 4 (LTP4), Local Cycling and Walking Infrastructure Plans (LCWIPs) being developed in all districts, Local Plans and planning consultations to maximise health and wellbeing).

Ambition

Ensure communities now and in the future have the correct building blocks to enable people to thrive, physically, mentally, and socially.

Lead partners

Hampshire County Council and District Councils.

Success indicators

- Supporting active travel for everyone.
- Sustainable town centres (regeneration) and residential developments that have health built in, 15-minute neighbourhoods.
- Healthy, community-designed placemaking.

“

Ethnic minority mental health insight

I didn't want people to know about it because I worried that this would impact my job prospect due to the social stigma. ”

“

Stakeholder practitioner

There is a lot of support out there and one of the biggest challenges is people knowing what support is where... There's so many good services... There's a lot more out there than people realise, but it's just realising what's there... ”

“

Retirement and wellbeing insight

No I would never think of going anywhere like that... I just get on with things really. ”

“

Retirement and wellbeing insight

No, probably like the others just get on with it. But if I do get down I do try to ask friends... but a lot of my friends have already started to float off and not be available so to speak. So would I go out looking for help? I don't think I would. Just get on with it or muddle through. ”

3 Lessen the stigma

The people of Hampshire will be able to talk about their mental health with the same openness as their physical health without fear of prejudice or discrimination.

System sponsor

Hampshire Improving Mental Wellbeing Board



Now 3.1

Action

Utilise the 'Voices – People with Living Experience of Suicide' Collective as an integral part of developing new policies, commissioning services, and work programmes and as guest speaker at events/training courses about suicide prevention and postvention.

Ambition

That the people of Hampshire feel confident in discussing suicide to reduce the fear and stigma of talking about it, and know evidence-based steps to take to support suicide prevention at an individual, community and policy level.

Lead partners

Public Health supporting the 'Voices' Collective.

Success indicators

- The 'Voices' Collective enable more people to feel confident talking about suicide.
- The 'Voices' Collective grow in membership, bringing a wide variety of personal experiences, and are representative of the Hampshire population.
- Suicide is responsibly reported by local media.

Now 3.2

Action

People with Living Experience contribute as an equal member at mental wellbeing forums and boards, developing co-designed policies, work programmes, learning events and interventions.

Ambition

People with Living Experience are seen as valuable assets that are integral to, and equal contributor to, mental wellbeing forums and boards, resulting in informed, insight-led outputs.

Lead partners

ICB, Mental Health services, VCSE sector, and Public Health.

Success indicators

- All mental wellbeing policies and work programmes are developed alongside people with lived experience.

Now 3.3

Action

Increase access to appropriate and local mental wellbeing support and early intervention support for all residents through recruiting Professionals in Primary Care Networks to support GPs in offering community mental wellbeing support.

Ambition

Key communities of interest are identified and targeted action is taken to improve access to, and experience of, mental health services for these communities of interest. Improvements are implemented to deliver better mental health outcomes for these communities of interest.

Lead partners

Advancing Mental Health Equalities steering group, and ICS No Wrong Door programme.

Success indicators

- Meeting the Advancing Mental Health Equalities programme indicators (focused around cultural and sensitivity training of mental health services, tackling mental health stigma and education, early intervention, and prevention, trauma, informed approaches, and improving community engagement).

Next 3.4

Action

Mental wellbeing is embedded across organisations as a standard assessment, alongside e.g. physical health needs or employment seeking and early signposting/ referrals made with consent if the issue identified.

Ambition

Specialist workforces, such as acute health, have the skills to assess mental health needs alongside their presenting primary needs. (eg. For older people that have a fall at home but are isolated and depressed links to 3.11).

Lead partners

HIOW ICB, and Frimley ICB.

Success indicators

- Organisations have a standard wellbeing evaluation question on their forms with clear signposting or referral pathways in place.
- Mental wellbeing services see an increase in service users with lower levels of need referred early.

Next 3.5

Action

Improve the multiagency support that is offered to people to ensure it meets their holistic needs which will reduce the fear and stigma some groups have in accessing the medical model of support and treatment i.e. 'you are just given pills.'

Ambition

Move away from the clinical-only workforce model, creating improved links with the VCSE sector to broaden offer out from the medical model and recognise mental wellbeing in a holistic way.

Lead partners

HIOW ICB, Frimley ICB, Mental health services, VCSE sector, and AHSC.

Success indicators

- Improved transition between services, including from Children's to Adults.
- Service users feel more in control of their treatment and support, with fear of accessing support reduced.

Next 3.6

Action

Reducing stigma in older people's mental wellbeing.

Ambition

Improving service's messaging and outreach, promoting talking about mental wellbeing and that it's not just 'something that happens.' Providing support to the wider family/carers as well as the older person around maintaining positive mental wellbeing in later life, suicide prevention, and ill-health diagnoses e.g. Dementia.

Lead partners

HIOW ICB, Frimley ICB, Mental health services, VCSE sector, AHSC, and HCC Public Health.

Success indicators 3.6

- Numbers of 65+s engage in IAPT.
- Numbers of 65+s engage in wellbeing services.

Next 3.7

Action

Ensure cultural differences and needs in mental wellbeing amongst different ethnic minority populations are met.

Ambition

The mental wellbeing needs of ethnic minority groups in Hampshire are appropriately met so that all groups can talk about mental wellbeing without fear of stigma or judgment.

Lead partners

HCC Public Health, IAPT services, VCSE sector, and Faith groups.

Success indicators

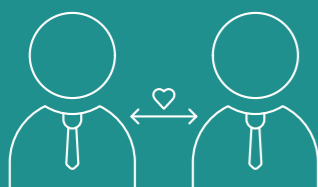
- Changing language and terminology as driven by community insight to meet local need.
- Greater representation of ethnic minority communities accessing services.

4 Capacity and capability across the workforce

The people of Hampshire will benefit from a competent and confident workforce with the knowledge, skills, empathy, and capacity to support them with their mental wellbeing.

System sponsor

Hampshire Improving Mental Wellbeing Board



Now 4.1

Action

Share good practice of workforce wellbeing support across all organisations (policies and practices, support services, psychological safety approaches) with dedicated multi-agency opportunities to complement existing specific approaches.

Ambition

All organisations will recognise and support the promotion of mental wellbeing for their own staff to ensure a consistent, supportive, nurturing culture, and ethos is in place for their local workforce. Focusing on maximising economies of scale, sharing good practice, supporting the community, and voluntary sector. Our workforce is our population, family, and community members. Building their capacity, nurturing, valuing, trusting and enabling them, makes our mental health system the best it can be.

Lead partners

Hampshire Improving Mental Wellbeing Board

Success indicators

- Improvement in self-reported wellbeing on staff surveys.
- Workplace wellbeing specified as a resilience and workforce requirement in provider contracts across the ICS.

Now 4.2

Action

Develop and promote a multi-agency suite of recognised mental health, wellbeing, and suicide prevention training for the workforce and volunteers (e.g. Connect 5, Psychological First Aid, Zero Suicide Alliance, Suicide Prevention, Trauma Informed) to ensure all organisations can skill up their workforce with a consistent approach being delivered across Hampshire.

This will include tools for managers, elected members, employees, volunteers, and community members to support both their own and others' mental wellbeing.

Ambition

Workforces from all organisations across Hampshire promote similar mental and wellbeing training to ensure a consistent approach to mental health and wellbeing and signposting to support services is taken for the people of Hampshire.

Lead partners

HCC Public Health (lead) with all organisations (training and development workforce leads).

Success indicators

- An agreed annual 'Improving Mental Health and Wellbeing in Hampshire suite of multi-agency Training and Development opportunities' that is widely known and used.
- Completion rate and breadth of organisations accessing mental health or suicide prevention training/eLearning. (including but not limited to:
 - suicide prevention GP training;
 - PH-funded suicide prevention training;
 - SFA Lite training;
 - Connect 5 mental wellbeing training;
 - Oliver McGowan disability and autism training (mandatory for any health and care sector, HSCP suicide prevention training).
- Identified mental health champions for each partner organisation.

Now 4.3

Action

Increase the proportion of trained workforce across all organisations in 'Improving Mental Health and Wellbeing in Hampshire suite of multi-agency Training and Development opportunities.'

Ambition

All front-line workers to have an awareness of mental health promotion, effective signposting and taking a trauma-informed and personalised approaches into their everyday practice dealing with the people of Hampshire.

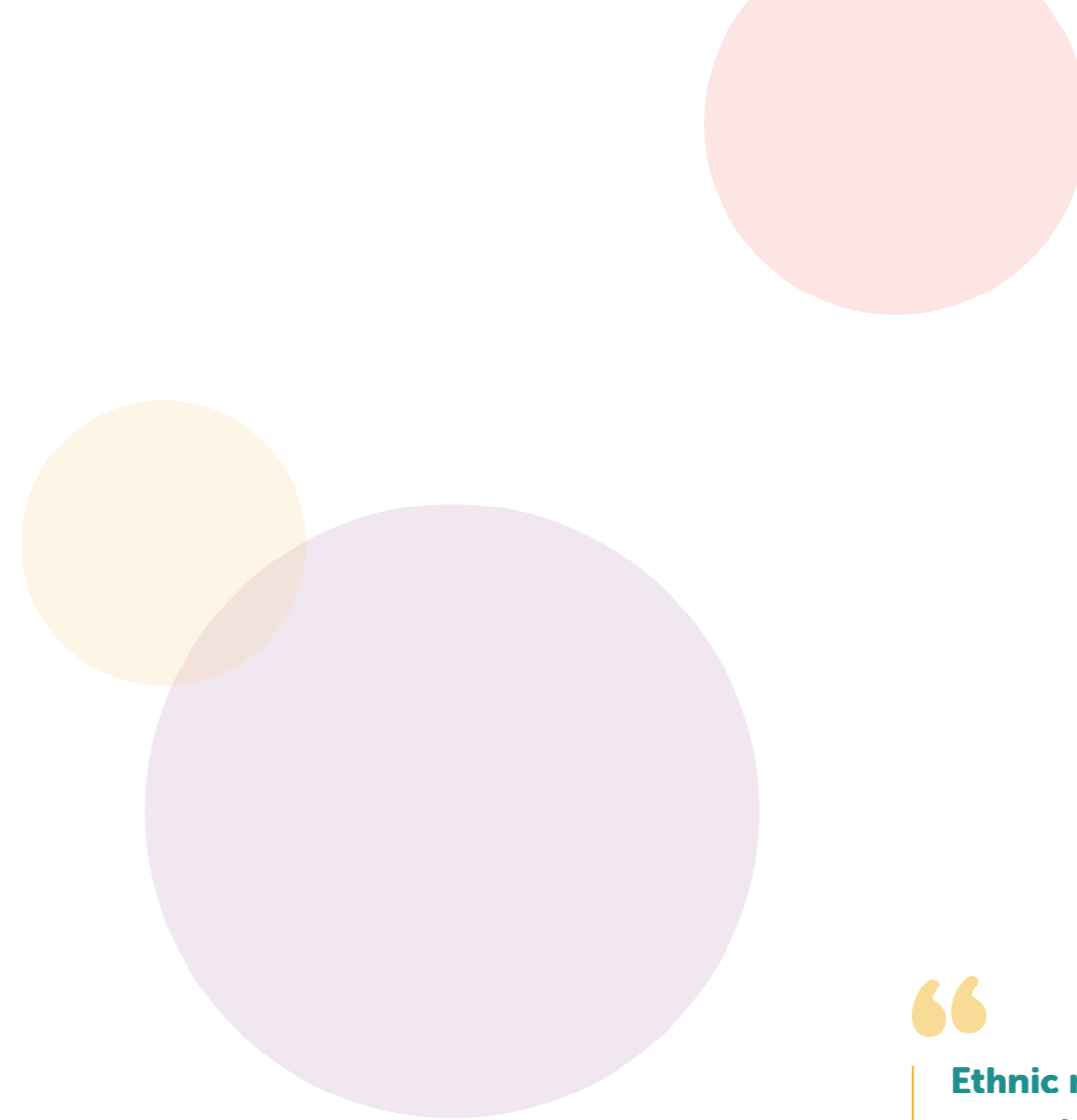
Lead partners

HCC Public Health and No Wrong Door Programme (joint leads) with all organisations (training and development workforce leads).

Success indicators

- Number of participants attending mental health training activities across all partner organisations.
- System-wide awareness of available prevention and mental wellbeing support (via NWD mechanisms).

- Consistent approach to service delivery.
- Increase in confidence to discuss mental health and to signpost.
- Number of organisations integrating the 5 ways to Wellbeing as part of their BAU service delivery.
- Outcomes recorded by health and care professionals using a robust standardised measuring public health impact tool.¹⁴



“

Ethnic minority mental health insight

In our culture, we seldom talk about the negative things in particular mental illness which is a sensitive subject. ”

“

Stakeholder practitioner

Dual diagnoses are the biggest gap I think, mental health and substance... We have a lot of young people with diagnosed autism and there's not a lot of help for them. I know there is Autism Hampshire... but then there's nothing else. So, it feels there is a gap that could be filled. ”

“

We Can Be Active online conversation participant

Being active to me is about making myself feel better. Exercise and getting outside always improves my mood for the day and is great for my overall mental health. ”

¹⁴ Everyday Interactions: measuring public health impact

Next 4.4

Action

Develop place-based multi-disciplinary professional development and training focused on reducing health inequalities amongst those at greater risk of poorer mental health outcomes.

Ambition

Organisations working together with a cross-sector approach that maximises opportunities to share the varied expertise, experience, and perspectives within teams across all the varied organisations that contribute significantly to mental health and wellbeing, including people with lived experiences.

All organisations develop the awareness and skills to enable the necessary support to include health groups (starting with carers, those with neurodiversity, minority ethnic groups, those in financial hardship, and armed forces and veterans) and enabling people to access the right service at the right time for them, reducing variation in the avoidable use of urgent support such as accident and emergency services through better access to preventative care.

Lead partners

Hampshire Improving Mental Wellbeing Board with HIOW ICS, Frimley ICS, and AMHE Steering Group.

Success indicators

- Focus on vulnerable populations as indicated by the Mental Health and Wellbeing Index.¹⁵
- Frontline staff can recognise signs and symptoms of mental wellbeing decline and know how to access support when needed.
- Greater awareness of place-based support networks for different population groups.
- Greater awareness of addressing complex/determinants of health simultaneously.

Next 4.5

Action

Engage with private sector workplaces already working in partnership on mental health and wellbeing to extend the reach of the system-wide approach and range of mental health champions in the sector.

Ambition

Enable as many workplaces as possible to support their staff in their own mental wellbeing in addition to signposting to support services when needed across Hampshire.

Lead partners

Hampshire Improving Mental Wellbeing Board

Success indicators

- Number of workplaces engaged in accessing information training or support from partners.

¹⁵ Mental health and wellbeing index | Health and social care | Hampshire County Council

5 Suicide prevention

The people of Hampshire will be aware that Suicide Prevention is everybody's business.

System sponsor

Public Health, Chair of Hampshire Suicide Prevention Forum, Public Health Hampshire County Council has a statutory leadership role in suicide prevention.

Hampshire Voices (People with lived experience of suicide).



Now 5.1

Action

Develop joined-up place-based signposting to local services and support that promote positive mental health and wellbeing as well as support those at times of distress building on the current No Wrong Door programme.

Ambition

Effective signposting across all of Hampshire that enables all (frontline workers and residents) to identify and intervene with people in their times of need and steer them in the right direction of the appropriate support for them. All front-line workers will be assured that the information and support services that they are signposting to are up-to-date and that they have a working knowledge of the support that is offered.

Lead partners

Suicide Prevention Forum.

Success indicators

- Place-based online resource of services and support.
- Number of front-line staff trained to use online resource.
- Annual update by partner organisations of the content of online resources.

Now 5.2

Action

Ensure all organisations have developed internal processes to enable the HIOW System Response following the Suspected Suicide Plan (SRfSS Plan) to be implemented in a multi-agency, timely manner to respond and prevent further suicides.

Ambition

The circumstances surrounding each tragic suspected suicide death will be learnt from in order to prevent future suicides and provide timely postvention support to those affected. Each organisation will have the ability and the mandate within its own organisation in contributing to the multi-agency efforts of preventing further suicides in a coordinated manner.

Lead partners

HIOW Real Time Surveillance Working Group and Suicide Prevention Forum.

Success indicators

- Number and range of partner organisations adopting the SRfSS Plan.
- Number of partner organisations attending 'tabletop exercises' in preparedness for the SRfSS Plan being mobilised.

Now 5.3

Action

Map the range of psychological safety support that is available to people working in the field of suicide prevention in Hampshire and share models of good practice such as the dedicated mental health support offer by the Police.

Ambition

A psychological safety support net spanning a range of partner organisations including the community and voluntary sector, for individuals to self-select when support is required. To cover all workforces that are affected by dealing with the aftermath of suicide (police, public health, analysts, support workers, paramedics, safeguarding, counsellors, mental health clinicians, bereavement support, peer support workers, housing officers, prison staff, etc.)

Lead partners

Suicide Prevention Forum.

Success indicators

- Less sickness absence/burn-out of suicide prevention workforce.
- Recognised psychological safety offer utilised across Hampshire.
- Reduction in stigma across own suicide prevention workforce.

Now 5.4**Action**

Ensure the crisis support developments via the NHS Mental Health Transformation workstreams are embedded within all suicide prevention work.

Ambition

A seamless flow between the MWB strategy and the HIOW Crisis Care Operating Plan and the No Wrong Door Programme, enabling the people of Hampshire to be supported along the whole pathway from early prevention right through to successfully accessing treatment, care, support, and recovery.

Lead partners

HIOW ICB and HCC Public Health

Success indicators

- Improved early access to local support between primary, secondary care and voluntary sector (No Wrong Door).
- Inclusion of Suicide Prevention work into all place based ICB transformation plans.
- Suicide Surveillance Data and Intelligence – to improve early intervention and prevention of suicides at place.

- Roll out of the Collaborative Assessments and Management of Suicidality training across Southern Health NHS Foundation as part of a partnership approach with Public Health.

Now 5.5**Action**

Refresh self-harm pathway for all ages to improve early identification and early intervention.

Ambition

Early intervention is embedded into the refresh of the children and young people's self-harm care pathway and an integrated adults' self-harm pathway is developed, enabling a seamless transition. Specific guidance is included regarding the early identification of high-risk groups. Frontline staff are aware of the pathway and feel confident using it. The pathway is co-developed with those with lived experiences of self-harm.

Lead partners

Hampshire Safeguarding Partnership, HIOW ICS Crisis Care Board, and Frimley ICS.

Success indicators

- Pathways are available as a resource on relevant online platforms.
- Number of staff trained to use the pathways via HSCP virtual training events.
- Those with lived experiences are involved in the development of the pathway.

Next 5.6

Action

Embed a life course approach to the prevention of suicide through the refresh of the suicide prevention action plan.

Ambition

All organisations recognise that more than half of mental illness develops before the age of 14. As a result, suicide prevention actions included within the refresh of the action plan target key stages across the life course. Specific attention is given to young people transitioning into adulthood: to ensure they have developed appropriate emotional and mental resilience skills to reduce their longer-term risks of suicide and self-harm.

Lead partners

Hampshire Suicide Prevention Forum in conjunction with Hampshire Voices.

Success indicators

- Number of partners from CYP and Adults involved in the development of the action plan.
- Inclusion of specific actions aimed at supporting the transition into adulthood.

Next 5.7

Action

Actively identify funding opportunities that may enable some pilot projects to be designed, implemented, and evaluated to reduce the risk of suicide in key high-risk populations: those who self-harm, high-risk prisoners on release, middle-aged men, isolated older people, victims and perpetrators of domestic abuse.

Ambition

A range of interventions delivered specifically targeting different high-risk populations with appropriately skilled personnel and settings. Learnings from this are to be cascaded and embedded into the business-as-usual approach across all partner organisations.

Lead partners

DA Partnership, Drug and Alcohol Partnership, Prison networks, Veteran networks, VCSE sector, HCC, and districts and borough councils.

Success indicators

- Successful funding applications secured.
- Number of high-risk populations actively engaged in an intervention.
- Increase in baseline assessment of high-risk cohort mental wellbeing.

Next 5.8

Action

Encourage commissioners and providers of frontline services to consider how prevention and early intervention of suicide and self-harm can be embedded into their service area. Provide advice and expertise on suicide prevention for those re-commissioning services or establishing new offers.

Ambition

Suicide prevention is embedded into a wide range of services, making it standard practice for frontline staff interacting with higher-risk groups to have the knowledge, confidence, skills, and resources necessary to intervene if someone is suicidal or self-harming. The promotion of best practices is shared across service areas and organisations.

Lead partners

Suicide Prevention Forum and Hampshire Voices Collective, DA Partnership, Drug and Alcohol Partnership, Prison networks, Veteran networks, Housing networks, Adult Social Care, Children's Safeguarding Partnership, Safeguarding Adults Board, and VCSE sector.

Success indicators

- Number of staff trained in brief interventions in suicide and self-harm.

- Number of service areas and/or organisations participating in a suicide prevention and early intervention best practice network.

6 Higher risk groups

The people of Hampshire who are at a higher risk of poorer mental wellbeing will be supported in ways that are proven to make a positive difference and suit their needs.

System sponsor

Hampshire Isle of Wight Integrated Care Board and Frimley Health and Care Integrated Care System.



Now 6.1

Action

Compliment the NHS workforce by expanding the reach and usage of the VCSE sector to provide expert support.

Ambition

Link VCSE providers with Clinical teams to enhance skills and capacity at a local level (for example GP Practices).

Lead partners

Hampshire Isle of Wight Integrated Care Board – No Wrong Door Programme, Frimley Health, and Care Integrated Care System.

Success indicators

- Increased VCSE workforce funded by the ICB or local authority.
- Multi Agency team to support all needs.
- Additional capacity to ensure people are seen at the right time.
- More appropriate referrals directed to the correct teams – easier system navigation for patients.
- Reduction in waiting times for patients.

Now 6.2

Action

Support the reduction of health inequalities within local communities, by promoting the NHS England national Core20PLUS5 approach amongst providers across our two systems. The Core20PLUS5 approach aims to meet the needs of the most deprived 20% of the national population, plus additional elements based on local knowledge and need. Focus on communities of interest¹⁶ across Hampshire identified as most at risk of experiencing mental health inequalities, co-producing change initiatives to ensure a population centred approach.

Ambition

All support and mental health services staff understand the need for community involvement which emphasises inclusion, acknowledges previous experiences, and addresses those inequalities to help achieve better outcomes and improve access.

Lead partners

Hampshire Isle of Wight Integrated Care Board – No Wrong Door Programme, Frimley Health, and Care Integrated Care System.

Success indicators

- Reduced risk of deterioration and a reduction in the use of inpatient care.
- Increased access rates (self or professional).
- Educated and inclusive services.
- Support provided by a range of both clinical and non-clinical expertise.
- Robust data sets (Equality Impact Assessment, Population Health Management) to identify and target cohort groups.

¹⁶ Black and minority ethnic (BAME) men, BAME communities, Gypsy, Roma, Travellers, and Houseboat communities, People living with neuro- and learning disabilities, Refugees, asylum seekers and migrants, Serving personnel and veterans and their families, Prisoners and ex-offenders, Care leavers and those transitioning from children to adult mental health services, People with alcohol and substance misuse disorders, Homeless people and rough sleepers, Farmers owners, tenants, managers, workers, and their families, LGBTQ+ people, Older people, 16–25-year-olds

Now 6.3**Action**

Improve pathways for people at greater risk of poorer mental health and wellbeing, starting with neurodiversity and self-harm.

Ambition

A range of co-designed pathways focused on meeting the needs of specific vulnerable groups to ensure appropriate support, assessment, and signposting is embedded across all partners.

Lead partners

Hampshire Isle of Wight Integrated Care Board, NHS Frimley Integrated Care Board, Autism Strategy Board, Adult Safeguarding Board, and Children Safeguarding Board.

Success indicators

- Autism, ADHD and self-harm all-age pathway in place.
- Awareness of pathways across all partners, especially VCSE sector.
- Enhanced workforce skillset, knowledge, and education. (Oliver McGowan disability and autism training mandatory for any health and care sector).
- Awareness and agreement on future pathways which may benefit from a system focus.

Now 6.4**Action**

Understand the population to enable all partners to adjust and respond accordingly to mental wellbeing needs and trends.

Ambition

Using population health management data to understand our population and adapt services to ensure equal opportunity of access across all partners.

Lead partners

Hampshire Isle of Wight Integrated Care Board, Frimley Health and Care Integrated Care System, and Hampshire County Council Public Health.

Success indicators

- Robust datasets for all providers which provide a sufficient demographic understanding of referrals, access, and outcome to understand whether there are population groups under-represented.
- Increased access and improved outcomes for under-represented population groups.
- Adapted communication and engagement approaches to inequality groups.

Next 6.5**Action**

Increase access to specialist community perinatal mental health services for women and their partners.

Ambition

Women with moderate to severe perinatal mental health difficulties will have access to local, specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies.

Partners will be able to access an assessment for their mental health and signposting to support as required. Maternity outreach clinics/hubs will integrate maternity, reproductive health, and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

Lead partners

HIOW ICB, HCC Public Health, Acute Trusts, and VCSE sector.

Success indicators

- Reduced health risks for women.
- Reduced health risks for the wider family including babies, siblings, fathers/partners, and wider.

- Family/carer support networks.
- Improved relationships between parents and children.
- Robust management plans in place for those with mental health challenges who are planning a pregnancy.

Next 6.6

Action

Respond to issues surrounding Isolation and digital poverty which exclude or restrict patients from accessing mental health and support.

Ambition

To ensure services respond to the needs of people living with digital poverty.

Lead partners

Hampshire Improving Mental Wellbeing Board

Success indicators

- Improved uptake of services by groups more likely to encounter digital poverty or less likely to access services virtually – including those over 65's, more deprived populations, rural populations.
- Providers offer choices to people accessing services, to allow both virtual and in-person options.
- Co-production of services with a range of people with lived experience.

Next 6.7

Action

Improve care for people with dementia, whether they are in a hospital or at home.

Ambition

Provide better, personalised care and support for people with dementia in the community through enhanced community multidisciplinary teams. We will link with voluntary sector organisations that offer a range of advice and support for people following a dementia diagnosis.

Lead partners

HIOW ICB and VCSE sector.

Success indicators

- Improve public awareness and professional understanding.
- Reduce prescribing of anti-psychotic drugs due to increased identification of diagnosis and appropriate intervention.
- Improve both patient and family support.
- Develop better links between acute frailty wards and community mental health/dementia teams.

Next 6.8

Action

Provide mental health and substance misuse expertise via Primary Care Teams to patients with co-occurring conditions of mental health and substance misuse issues who are at high risk of experiencing mental health problems and are unable to access care from services, including when intoxicated.

Ambition

Specialist assessment, care planning, and intervention processes will be developed locally regarding the unique issues that face people with co-occurring conditions. Advice and guidance on drug and alcohol harm reduction to service users and colleagues in both primary and secondary care, wellbeing and peer support workers will be provided. Teams will refer people to specialist substance misuse treatment where appropriate.

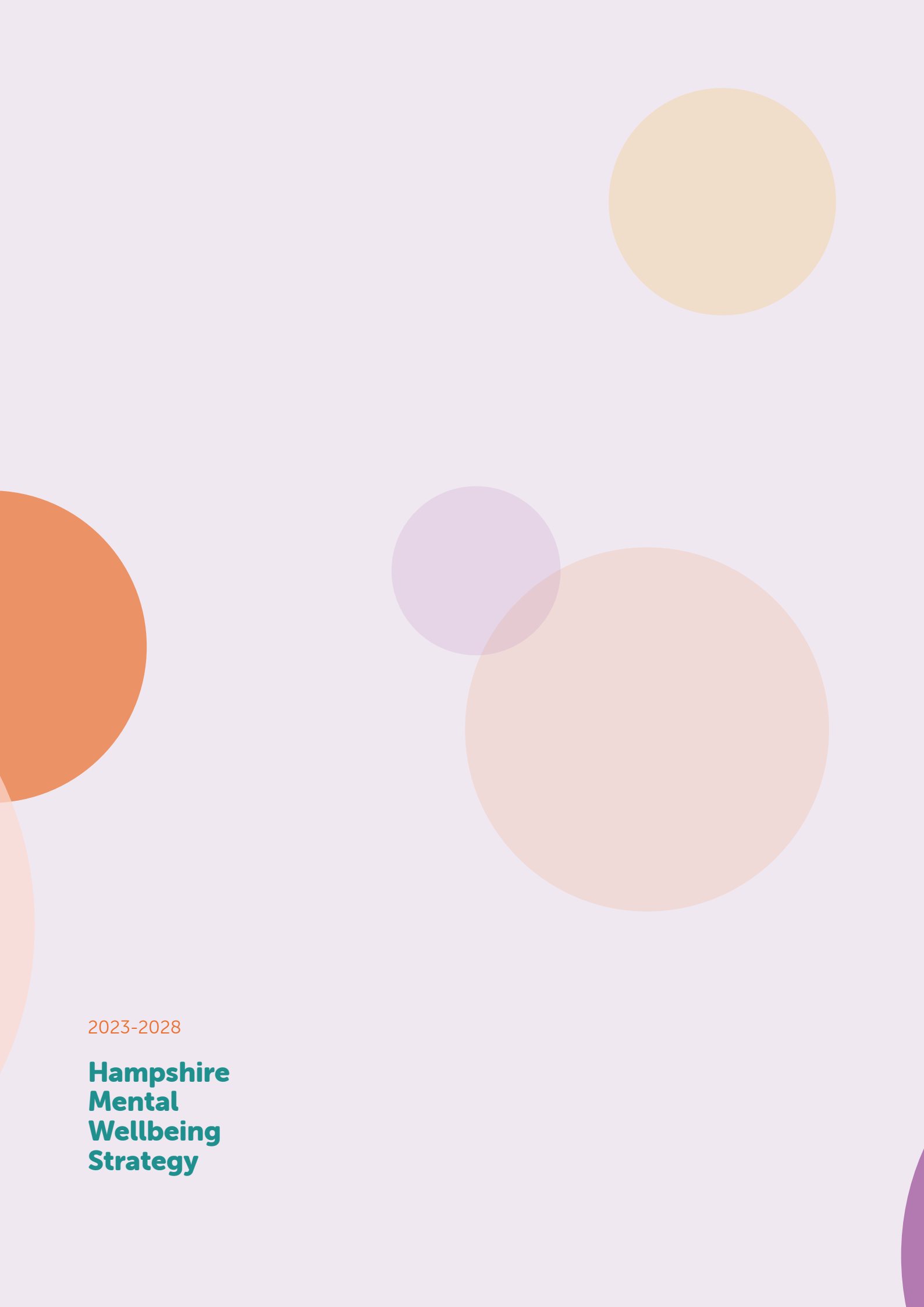
Lead partners

HIOW ICB, Frimley ICN, and Hampshire County Council.

Success indicators

- Improved outcomes for patients with high health and social care need.

- Improved support for families of this cohort.
- Improved collaborative working and communication between agencies.
- Improved inclusive mental healthcare services.



2023-2028

**Hampshire
Mental
Wellbeing
Strategy**