

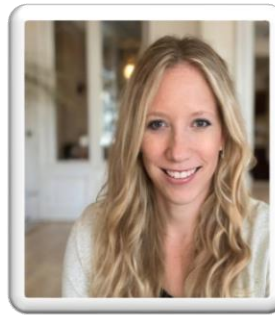
Public Mental Health Learning Community Workshop

Welcome, and thank you for joining today's event!
We will start at 11:00

Our speakers today include:



Dr Jean Strelitz
Senior Researcher |
Public Mental Health
Implementation Centre
(PMHIC)



Jenniffer Millmore
Senior Public Health Specialist
(Mental Health and Suicide Prevention)
City & Hackney Public Health



Larissa Sherman
Director of Psychological Therapies
and Wellbeing | Mind in the City,
Hackney and Waltham Forest



James Grimes
Head of Prevention
Gambling with Lives

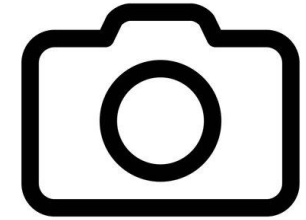
Housekeeping points before we get started



Recording the session



If not speaking, please mute

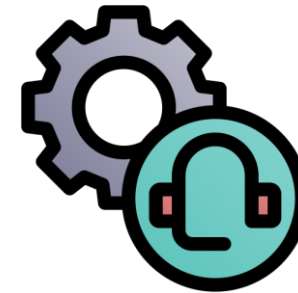


Camera on please,
if comfortable to



Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact
public.MH@rcpsych.ac.uk

Shared principles



Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.



Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.



Collaborate

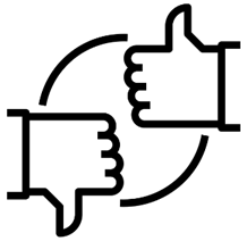
We seek to make decisions by consensus. Everyone's input is **equally** valued.

Shared principles



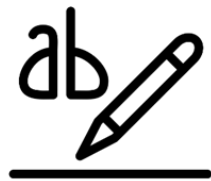
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

Today's agenda

Time	Speaker	Affiliation	Topic
11:00-11:05	Dr Jean Strelitz	Senior Researcher Public Mental Health Implementation Centre (PMHIC)	Welcome and introductions
11:05-11:25	Jenniffer Millmore Larissa Sherman	Senior Public Health Specialist (Mental Health and Suicide Prevention) City & Hackney Public Health Director of Psychological Therapies and Wellbeing Mind in the City, Hackney and Waltham Forest	The City and Hackney Wellbeing Network Followed by Q&A
11:25-11:30	Break (5min)		
11:30-11:55	James Grimes	Head of Prevention Gambling with Lives	Preventing gambling-related harms: Doing things differently Followed by Q&A
11:55-12:00	Dr Jean Strelitz		Thank you and closing remarks



Public Mental Health Leadership: register now for 2025 cohorts

Registration is now open for two further 2025 cohorts:

- **Cohort 1**: Wed 5 February 2025, 9am-12pm & Thursday 5 June 2025, 9am-12pm
- **Cohort 2**: Thursday 25 September 2025, 9am-12pm & Thursday 4 December 2025, 2pm-5pm

Feedback from the initial cohort said:

- 'Excellent content, clear and concise structure, amazing resources and signposting for additional study.'
- 'The interaction with others opened my mind to more ideas that are practicable in my current practice.'
- 'Really comprehensive information and hearing insights from professionals within MH and PH services. It was easy to understand whether you are working in or outside of UK. I loved the enthusiasm of my fellow candidates on this course.'

We look forward to welcoming you to the course!



Public Mental Health Conference

When: Friday 7th February 2025, all day event

Where: Royal College of Psychiatrists (in person) + live stream

Programme highlights will include:

- How psychiatry and public health can work together - Professor Subodh Dave, RCPsych Dean and Professor Kevin Fenton, FPH President
- Data: what do we know, strengths, gaps and challenges - Professor Ann John
- We can't address social determinants without tackling commercial determinants - Professor Mark Petticrew
- Research priorities for public mental health research - Professor Jayati Das-Munshi
- Healthcare, smoking and mental health - Ogechi Anokwuru
- Work, welfare and mental health - Dr Jed Boardman
- Research priorities, findings from NIHR, and how to involve the public - Gillian Samuel, Joyce Coker
- Next steps - Dr Peter Byrne and Dr Jude Stansfield

The Wellbeing Network

Jennifer Millmore

Senior Public Health Specialist (Mental Health and Suicide Prevention) | City & Hackney Public Health

Larissa Sherman

Director of Psychological Therapies and Wellbeing | Mind in the City, Hackney and Waltham Forest

City and Hackney Wellbeing Network

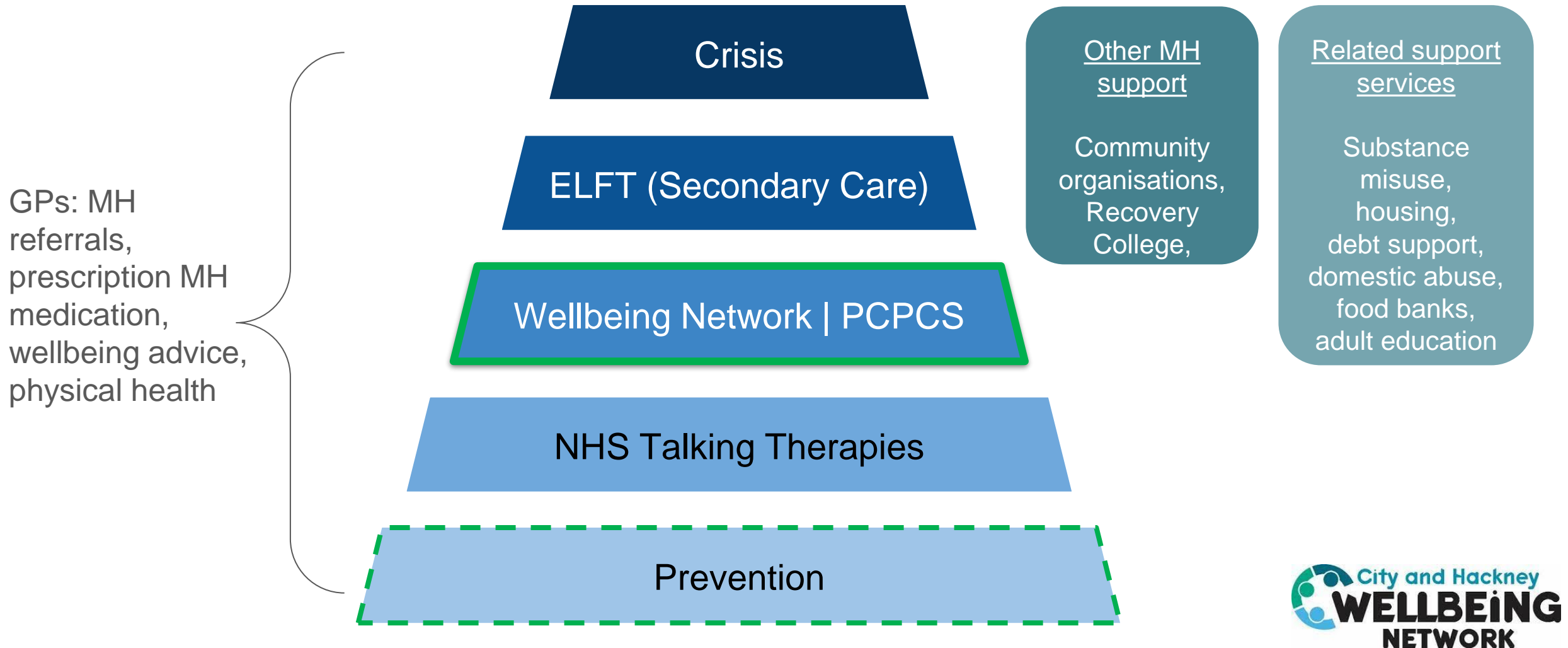
November 2024



Wellbeing Network Service

- Supporting people with **complex life circumstances & moderate-severe Mental Health needs**, many have experienced inequalities and discrimination
- Designed to be inclusive and **reduce health inequalities**
- Delivered by community **VCSE providers**, increasing provision for underrepresented groups, offering an alternative front door
- Holistic and **person centred**
- Includes range of support - **intensive support** (core service – assessed by need) to light touch community based options through **Open Access** (based around 5 to thrive - whole population)

The Wellbeing Network and the wider MH system



Client Experience

External Services

Key Worker support
(up to 10 hours/client)

Activity groups
(1,705)

All underpinned by MH. psychoeducation, physical health, daily living, social networks. E.g., Managing Chronic Pain; Women's brain health; Choir; Cook & Eat; Ceramics; Guitar; Art; Tai Chi; Film discussion; Hearing Voices

Psychological Therapies
(up to 16 hours/client)

Group Psychological Therapies
(up to 72 hours/client)

(Includes: Managing Anger and Difficult Emotions, Radical Self Care, PTSD Stabilisation, Understanding and Managing Anxiety, ACT for Racial Trauma, Arts Therapies groups)

Open Access - all residents
(550 hours)

Five To Thrive themed prevention activities/events facilitated by peers and staff

Option to participate in peer pathway with **peer leadership training**, peer support

Unit cost: £825-£1200

Flexible spec in terms of delivery, allowing for specialist expertise. Coproduction required.

All interventions work in an integrated, flexible, non-diagnostic way to deliver excellent outcome

Service Performance



Capacity for **1,620** total **new core service users**



Average time on waitlist: 29 days



6 month rolling **average of paired improvement in SWEMWBS scores: 3.38 points** (statistically significant change = 1-3 points) (n=528)



Physical health improvement of 26%



Social connectedness improvement of 39%

Sample Analysis (for further development)

- 65% reduction in unemployment
- 92% reduction in smoking
- 75% reduction in alcohol
- 100% reduction in drug use

Complex needs

Intelligence

Increasing and unmet demand for people with complex MH needs was the most common and biggest gap in provision in mainstream mental health services identified.

This continued to increase with covid and the cost of living crisis.

Those without formal diagnosis but clear MH need were often excluded from traditional NHS services. Or too complex

Service design

Specifically targeting people with complex MH needs

Whole person approach, assessing each person as an individual and personalised care plans

Tailoring support around clients, not vice versa

Minimal exclusion criteria, no diagnosis requirement

Relevant external services included in care plans

Impact

Entry mean PHQ4 score in the **severe** range for **anxiety and depression**

Entry SWEMWBS mean score of **15.3** (range of 7-35)

Mean of **5 complex life circumstances** per client (most common: isolation, migrant community, suicidal thoughts/attempts, problems housing/finance, experience of abuse)

At exit: 100% clients felt listened to; felt they were treated with respect by staff and volunteers

At exit: 96%* clients felt their difficulties were understood by staff and volunteers; the staff were skilled and knowledgeable

At exit: 92%* clients felt the service helped with their difficulties; received support that mattered to them; felt involved in decisions about their care

Prevention

Intelligence

After complex needs, prevention the next biggest gap noted in current provision

A lot happening in the community but can be quite disparate

Demand for more drop-in/one at a time options

Community wellbeing activities - beneficial in own right but can also build trust in service providers

Service design

Brings together free/drop in options into a more coherent offer

Peer led Open Access activities, drop in options, available to all residents

Mind Forward - one at a time therapy

Wider preventative options can be included in care plan

Impact

Beyond core service delivery **additional 550 hours of open access opportunities**, provided across 10

organisations, equalling **6,484 person hours of support**

Currently **24 clients** on peer training pathway (9 week peer leadership training)

Peers designing and delivering own Open Access activities with support

Very positive feedback from both clients and organisations about the success of Open Access

Underserved communities

Intelligence

Recognition of importance of community MH options/VCS, valued aspect of previous WBN - not tokenistic

Some distrust of NHS services, esp. in certain communities

Relevant to complex needs (e.g. discrimination, languages, high deprivation etc.) in some underserved communities

Link to drop-in / preventative options where stigma and signing up are a concern*

Service design

Range of community based providers, some embedded in specific high-need/underserved communities

Service uptake of underserved communities included in KPIs

Culturally appropriate, often codesigned interventions

Open access provides drop-in options for those unwilling to sign up/stigma

Wide range of languages spoken

Impact

High representation of **clients** across many traditionally **underserved communities in MH:** (E.g.: 10% LGBTQI+, 2.3% Refugees, 27% Born outside UK, 35% English not first language, 90% Most deprived 10% of pop., 9% Carers, 7% LD, 46% physically disabled, 4% Autistic, 13% Turkish/Kurdish, 12% Orthodox Jewish, Black African 14% Black Caribbean 9%

25% clients not registered with GP

Partnership and joined-up working

Intelligence

Challenges for residents and partners navigating the various services and criteria

MH intersects with other issues (debt, SM, housing etc.) often can't treat in isolation

People fall through gaps when services all exclude them, saying they belong elsewhere

Duplication/inefficiencies and lower quality care when people treated separately by multiple services

Service design

Requirements of the WBN to work in partnership included in KPIs

Care plans to include relevant external services

Reasonable adjustments and minimal exclusion criteria prevent avoidable system gaps

Independent access option

Impact

10% clients have other partners named in care plan, with work planned to significantly increase this

Inclusivity of service reflected in high representation from underserved population groups

Impact beyond those in core service - customised support and upskilling staff to support wider residents. Example Equip/Heads up

Innovation & development

Intelligence

Need for evidence based delivery, continuous learning, ongoing development and flexibility

Talking therapy = most requested and many struggled to get appropriate support across system. Others are reluctant to sign up to a 6+ sessions.

Client numbers were varying artificially with recruitment/list cleaning etc. activities. Data did not accurately reflect service activity.

Multiple similar 'keyworking' roles across the system and sector

Service design

Requirements/**flexibility in specification** for continuous learning and improvement

Flexible budgeting

Mind Forward - single topic therapeutic consultation. Further help available if needed.

Introduction of **Active, Dormant and Engaged clients**

Introduction of **Independent Pathway**

Redesign of Psychological Therapies offer within the WBN

Impact

60 clients seen for 110 Mind Forward single session consultancy sessions which provides psychological **help at point of need.**

Improved understanding of service / client activity

Independent pathway promotes system efficiency, improves partnership working & replaces unhelpful exclusion criteria

Designed new PT programmes: Radical Self Care; Managing Anger and Difficult Emotions; ACT for Racial Trauma; Managing Change, all adapted for various communities

Case Study 1 (Video)

Mind Forward: **a client story**

 **mind** in the City, Hackney and Waltham Forest

Case Study 2

Male, 56, Indian heritage. Came to WBN seeking support due to **isolation, anger, depression/ suicidal ideation, housing and finance issues, harassment**, police involved. **Severe depression & anxiety** (PHQ4). History of **substance misuse**. Mental Health Coached by Centre for Better Health. Groups attended: creative watercolours; weaving for wellbeing; creative writing. Engaged in Mind Forward Therapeutic consultancy to support with anger. Explored patterns with therapist and connection to racism, violence and intergenerational trauma which brought great relief. The client subsequently asked for a follow-up session which took place two weeks later. He learnt more about intergenerational trauma and felt "*overwhelmed by the resonance*" which enabled greater self-compassion. Engaged further in PT support via MindCHWF in the WBN.

At exit they scored in the **mild range for anxiety and depression. Social connection improved by 80%, physical health by 30% and everyday wellbeing** (learning new skills and a sense of purpose) **by 60%**. They were connected into a 12 week training programme to support their employment goals.

Case Study 3

Client age 50, female, Black Caribbean heritage, came to service after suffering years of psychological and financial abuse from her ex-husband. She was also caring for two teenagers diagnosed with ADHD. She wanted to regain her confidence, skills and identity, which she had lost over the years.

During her time with the WBN, she built the confidence to separate from her husband and learned how to navigate starting her life again. She attended IRIE Mind Front Room social group and a women's group. She also volunteered at the community food bank and participated in the peer leadership programme. These groups allowed her to find her voice and make better life choices for herself and her family. The group's impact helped her change her living situation, including home decoration. Additionally, the client has started writing stories again.

PRE PHQ 4: 12; Post: PH4: 9

PRE SWEMWBS: 14; POST SWEMWBS:22

Case Study 4

Client aged 45, Female, White British. Referred by a Social Prescriber via WBN website. In remission for breast cancer and physical health was significantly impacted. Suffered double bereavement; unemployed due these events; feeling isolated and overwhelmed. PHQ 4 at referral: 10 – severe anxiety and depression. SWEMWBS: 18.

Interventions accessed: Massage (African Community School); Understanding and Managing Anxiety (MindCHWF); Peer Leadership Training (MindCHWF) Ceramics; Creative Writing; Herbal Craft; Watercolours; Drawing & Painting (Centre for Better Health); Community Table Lunch Club (Shoreditch Trust). Went on to create own peer support group.

At review (6 months into service): the client had had an improvement across physical health, daily living, social networks domains of 20-80%. PHQ 4 at review: 5 (mild anxiety & depression). She continues to access support.

Opportunities

01	More demand than capacity	<ul style="list-style-type: none">• Despite not widely promoting it• Reduced future budget - impact on whole ecosystem of MH• Outcomes and performance is strong
02	Expanding of eligibility	<ul style="list-style-type: none">• Many more would benefit from this model who do not have such high/complex needs• Potential system savings (e.g. crisis, inpatient admissions, hospital discharge, MH accommodation etc.)
03	More one at a time / drop in options	<ul style="list-style-type: none">• Mind Forward expansion, including to other providers• More Open Access / preventative actions, inc. drop in• Encourages earlier intervention / accessing of services
04	Wider offer / support options	<ul style="list-style-type: none">• Different communities have different needs / preferences / success in terms of MH offer.• Could inclusivity and outcomes even further
05	Wider MH system could better integrate with WBN	<ul style="list-style-type: none">• Challenges of multiple, disconnected MH services• Model demonstrates effectiveness of treating whole person• Bringing together free / open access opportunities• Commissioning structure and VCSE creativity has allowed more effective ways of working



Questions from the audience

Preventing gambling-related harms: Doing things differently

James Grimes

Head of Prevention | Gambling with Lives

Preventing gambling harms:

What we're doing to help people earlier.



**Support
for
bereaved
families**



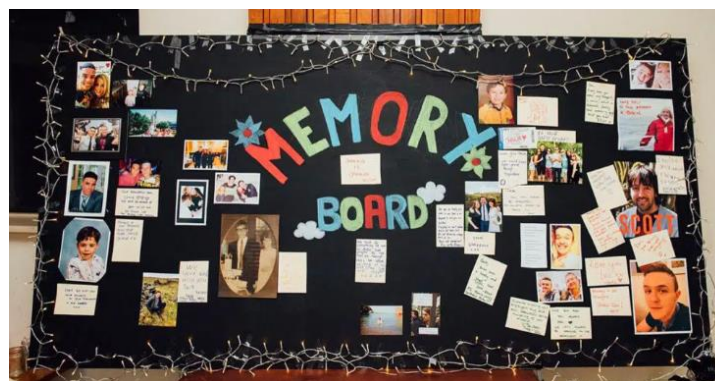
**Education,
training and
information**



**GAMBLING
WITH
LIVES**



Research



**Campaigning
& advocacy**

Gambling – we have a problem

- Millions of people in the UK harmed by gambling (directly or indirectly). 2.5% of the adult population experiencing “problem gambling” – **harms are not just financial**
- Gambling Disorder is a clinically recognised and diagnosable **mental health** condition
- 1.6million may benefit from treatment or support. Only 7000 accessing treatment.

Gambling-related suicide

- Almost **1 in 5** experiencing gambling addiction thought about suicide
- **1 in 20** attempted suicide
- Between 117-496 gambling-related deaths every year in England alone (*PHE, OHID*)



National recognition of the link between gambling and suicide



Department
of Health &
Social Care

Policy paper

Suicide prevention in England: 5-year cross- sector strategy

Published 11 September 2023



Department
for Education

Gambling

There is increasing evidence of the relationship between harmful gambling and suicide, including in younger people. Although reasons for suicide can be complex, we do know that gambling can be a dominant factor without which the suicide may not have occurred. Action therefore needs to be taken to address the harms of gambling, including suicide, and reach people at risk.

Secondary mental wellbeing: that gambling can lead to serious mental health harms, including anxiety, depression, and suicide, and that some gambling products are more likely to cause these harms than others.

We all have a role in preventing further harm and saving lives.

- **Legislation, regulation & enforcement**
- **Complete independent information for all**
- **Better access to support and treatment**

**Information
and support
for everyone
affected
by gambling**



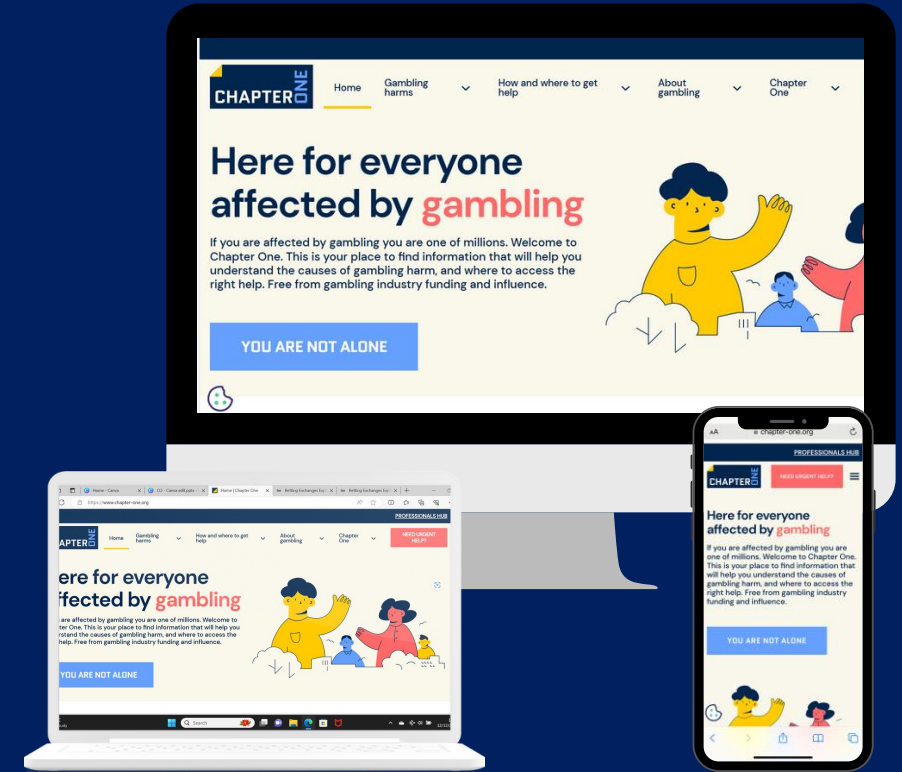
CHAPTER 020

WELCOME TO CHAPTER ONE

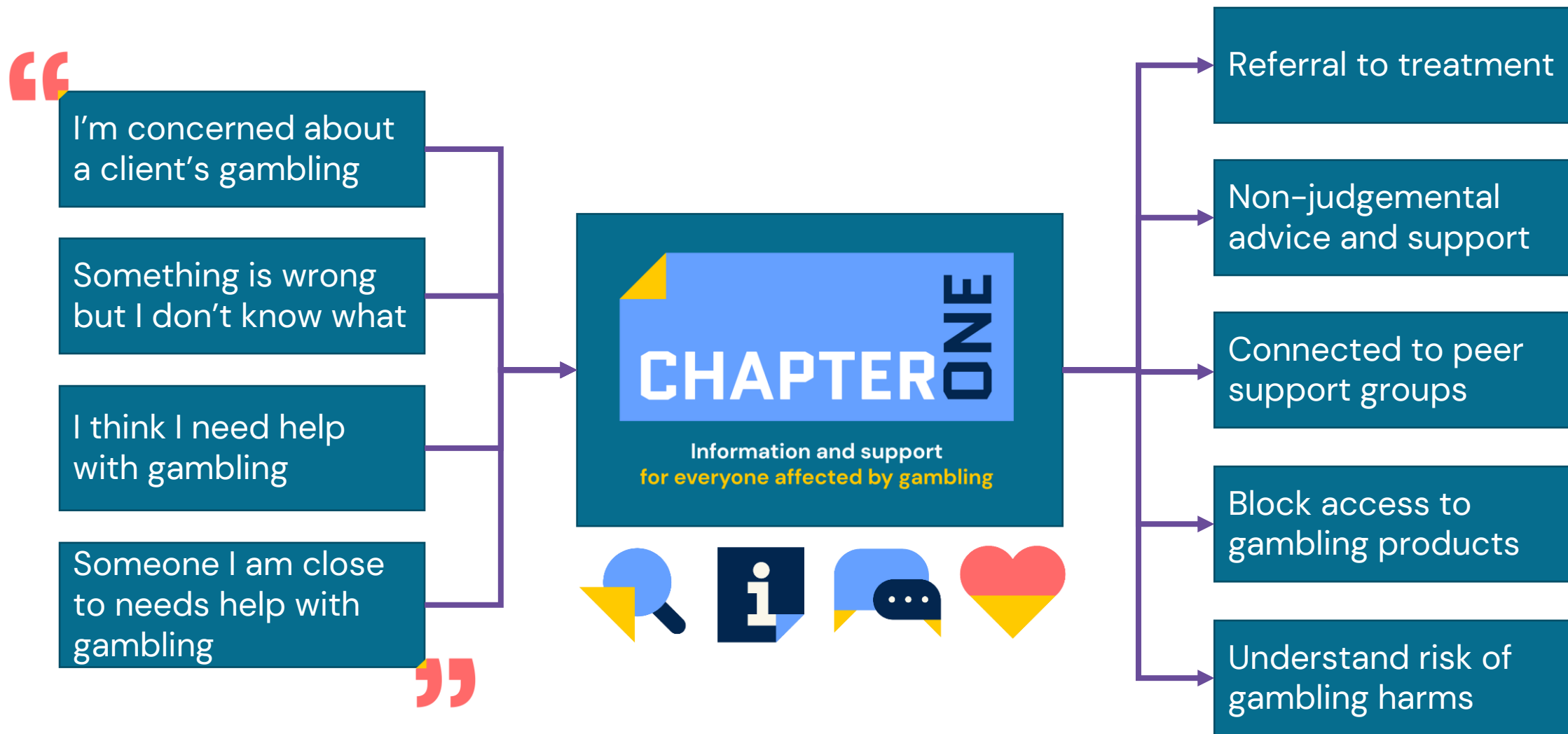
Chapter One provides information and support for everyone effected by gambling, and training for professionals.

Chapter One is a place to find information that will help you understand the causes of gambling harm, and where to access the right help. Free from gambling industry influence.

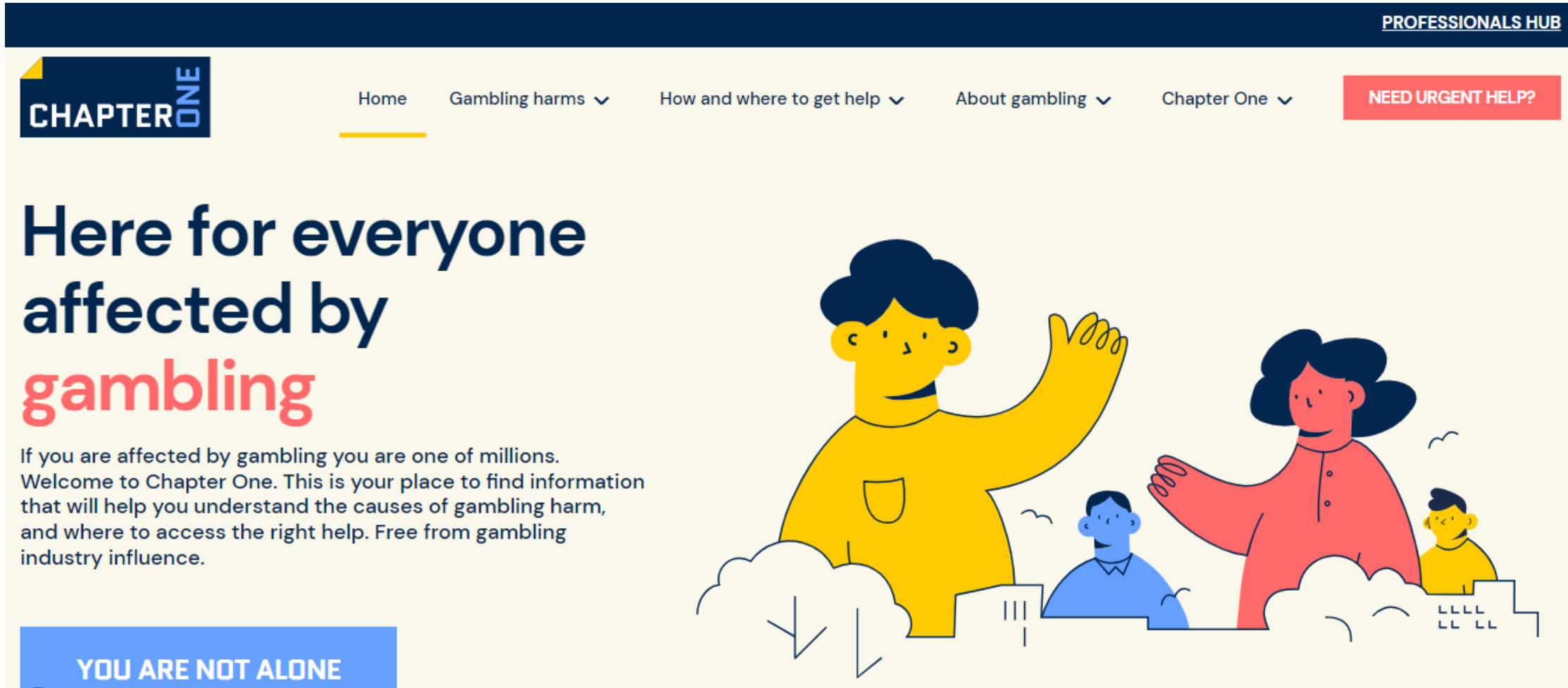
It was developed by a partnership between GwL and GMCA.



An information and support pathway



An information and support hub for the public



www.chapter-one.org

Professionals Hub

CHAPTER ONE

Home

Make A Referral

Providing Support

Training & Resources

Professionals Testimonials

NEED URGENT HELP?

You are exploring the Professionals Hub


PUBLIC SITE >

Home > Professionals Hub


Welcome to the Professionals Hub

If your role brings you into contact with people who may be experiencing gambling harms, and you want to help, then Chapter One is here for you.


Whether you are a GP, social worker, support worker, counsellor or supporting someone in a professional capacity, the professionals hub provides useful resources, signposting, and information to help you prevent and reduce gambling harms.




Make A Referral



Supporting Someone



Training and Resources Hub



Professional Testimonials

Training for professionals



Gives professionals knowledge about the causes and effects of gambling harms

Provides confidence and skills to have brief interventions

Creates a trusted treatment and support pathway

Over **1000** professionals trained already

Lived experience, public health and clinician designed. Free of industry influence.


Public Health Campaign




Directed 44,000 of our target audience in Greater Manchester to the website

Over 2.4million impressions across social media platforms

The best performing film was the focus on industry practices eg free spin



What question(s) do you/would you ask if you suspect someone might be experiencing gambling-related harms?



**For references, questions or
anything else:**

james@gamblingwithlives.org



Questions from the audience

Upcoming Events in 2025

➤ **Learning Set (virtual)**

Wednesday 22nd January 2025, 14.00-16.00

➤ **Workshop (virtual)**

Monday 17th February 2025, 15.00-16.00

If you would like to share your experiences of public mental health practice, including challenges and best practice at one of our future events, please email us at

public.mh@rcpsych.ac.uk

Thank you and closing remarks

Dr Jean Strelitz

Senior Researcher | Public Mental Health
Implementation Centre (PMHIC)