

**Bedfordshire, Luton and Milton Keynes discussions
on mental health and well-being to contribute to the
development of the 10 Year Health Plan for England**

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Bedfordshire, Luton and Milton Keynes discussions on mental health and well-being to contribute to the development of the 10 Year Health Plan



The Department of Health and Social Care and NHS England are developing a 10 Year Health Plan together with the public and health and care staff. BLMK have been carrying out ‘workshop in a box’ sessions where we have been taking a focus on mental health and well-being. The sessions have been focusing on mental health improvements/developments for children and young people, adults and older adults (Including dementia). The 7 sessions that have taken place are as follows:

- 25/11/24 – On-line – A focus on mental health and well-being
- 10/12/24 – On-line – A focus on mental health and well-being
- 17/12/24 – On-line – A focus on mental health, learning disabilities and autism
- 20/12/24 – On-line – A focus on mental health and well-being
- 07/01/25 – In-person (This had a particular focus on eating disorders i.e. for service users, carers and staff)
- 13/01/25 – On-line – A focus on mental health and well-being
- 03/02/25 – On-line – A focus on mental health and wellbeing (A particular focus on VCSE organisations)

The sessions have been open to everyone i.e. the public, service users, carers, VCSE organisations, health and social care staff. There was attendance from people with mental health problems (People with lived experience), carers, staff from the ICB, VCSE organisations, Local Authority colleagues (Including Public Health and Social Care), Primary Care colleagues and staff from the Mental Health Trusts (ELFT and CNWL). Following each session, feedback was submitted through the Change NHS site. In total, there were 106 attendees at the sessions. The following slides provide an overview of the contributions from the sessions and these will be incorporated into the existing BLMK 10 year mental health and well-being plan.



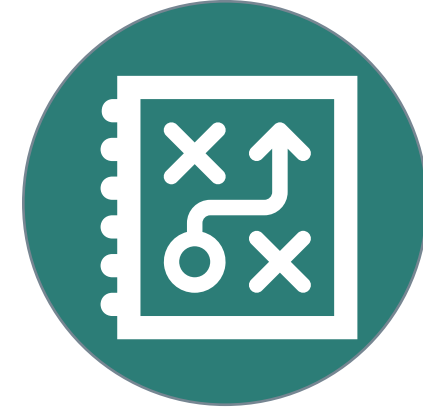
What is the development of the 10 Year Health Plan all about?



Our NHS is facing challenges and needs to change to make sure health and care services are fit for the future.



But to fix health and care services, the Government needs to learn from your experiences and hear your ideas.



Your views, experiences and ideas will shape immediate steps and long-term changes in a new **10 Year Health Plan**.

The 10 Year Health Plan will be built around 3 shifts:

Moving more care from hospitals to communities

Moving care from hospitals into homes, closer to the places people live and their community.



Making better use of technology

Using digital technology promises faster, higher-quality, more connected care.



Preventing sickness, not just treating it

Preventing rather than simply treating sickness will keep people healthier for longer.



The NHS in the future – BLMK suggestions

If the 10 Year Health Plan is a success, what words describe how using the NHS will feel in the future?

Knowing how to find access to services quickly
More accessible, early and self help for mental health and wellbeing
More efficient and effective support
Improved community support/care
Seamless, high quality care with improved continuity of care
A resilience not a deficit model
One system – Ease of access to patient notes for all health and social care professionals
A trauma based approach rather than focusing on the person's diagnosis
A reduction in waiting lists as well as improved support for those waiting for help
Help when help is needed, not just in a crisis
Availability of evidence based treatments and interventions
Truly individualised care
Improved multidisciplinary working
More investment in community mental health services
A caring and experienced workforce
Joined up NHS care with social care

Strengthened relationships with VCSE organisations and place based teams – Working at a neighbourhood level
Prevention focused community based outreach support to support adults with psychosocial issues
Look at the person as a whole
Integrating physical health and mental health
Improved knowledge of the support/services that are available
Services have a longer time to support service users and carers i.e. unlimited time
Improving transitions for children and young people moving from children's to adult services
Being able to use the NHS App for family members who are dependent adults
Raising mental health awareness and more mental health training amongst GPs/other non mental health professionals
Increased access to psychology therapy provision
Good links with GPs and social prescribing

The NHS in the future – BLMK suggestions

What will be the same?

Continue to work in collaboration with service users when making any changes and taking on board their feedback, to ensure service users feel heard i.e. Co-production with people with lived experience and carers

Keeping carers in the forefront of service developments

Maintaining a focus on community support

Signposting works well when done correctly and when the patient/carer is given a clear understanding of it and how they can benefit from it

Continue to build on the work that has been put into mental health transformation and the collaboration between the NHS and the VCSE sector – Collaborative working, shared ideas, shared cultures

Having high quality staff, the use of the VCSE sector to support residents and the NHS always being there

The VCSE continuing to integrate patients into communities

Keep the current mental health services and the work we do. We can see the difference that we make, so it would be great to keep our services, including VCSE services.

The NHS in the future – BLMK suggestions

What will be different?

An equitable offer across BLMK

More holistic approach to physical and mental health – Taking a Make Every Contact Count Approach

An expansion of the Mental Health Support Teams and mental health first aiders

More preventative work. Wellbeing and recovery colleges being open to those that don't currently meet the criteria

Further develop community based capacity e.g. Mental Health Support Teams

Better access to guidance and support available online 24/7

Higher level of continuous support

Older adult crisis teams for dementia

Further develop quality improvement capacity to co-produce and design services

Better advertising and awareness of the different services out there for people to access

Barriers to access removed

Prioritisation of workplace wellbeing for NHS staff

Working more closely with primary care, hospitals, GPs

Increasing annual health checks for people with severe mental illness by GPs

Ongoing collaboration with GPs and primary care

More mental health training for GP's including about the referral pathways

Removing barriers to transferring between primary care and secondary care

Improved prescribing/repeat prescribing

GP practices to become physical and mental health hubs

Improved psychological support/therapy in primary care for patients with a psychotic illness, bipolar disorder and emotionally unstable personality disorder

Smooth transitions for children and young people to adult services

Making better use of technology –

Thinks
— Insight & Strategy —



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Making better use of technology in health and care

What is the challenge?

- Some parts of the NHS still rely on paper and pagers, fax machines, slow computers and outdated software
- Access to the latest treatments often depends on where you live
- Keeping talented staff is difficult without the technology they need

What might this include?

- Investing in digital technology such as imaging machines and scanners
- Using shared electronic records
- Investing in AI tools to predict possible health outcomes
- Virtual appointments with healthcare professionals

What impact might it have?

- Spotting and diagnosing illnesses earlier
- Improvements in patient care, for example, avoiding having to explain details many times
- Less administration for staff, so they can have more time to care for patients

Making better use of technology – BLMK suggestions

When you think about how we could use technology in the NHS, what are your hopes and fears?

- Hopes

Better joined up systems across the different providers
Less travelling to appointments, joined up systems that talk to each other, remote monitoring of health
Easy access to using technology
Using technology to make it better for children and young people to access services and support.
Using technology to increase a range of different treatments to increase patient options
Using technology to be able to connect better with children and young people
Ordering prescriptions through apps
Sharing information with professionals through apps
Access to records online
Booking appointments online
Online prescriptions
Electronic dictation which would save time and paperwork
Using technology so that less paper is used which will be better for the environment

- Fears

AI need rigorous robust testing to ensure people don't fall through the gap
The cost of training on new technology i.e. the cost to take staff out of operational hours for further training requirements
Digital poverty which could create more stress for people who do not access technology
Adopting new technology will need to be well risk managed.
Technology can't be the only option as we will need to consider the needs of those who might be unable to access technology i.e. people with dementia
Our experience is that some people who have neurodevelopmental conditions struggle with online so there has to be adaptations
There will need to be a contingency plan if the NHS's system is hacked and the system is unavailable
On-line support could mean mis-diagnosis, impersonal care and there could be interruptions due to wifi and bandwidth not working to full capacity

Making better use of technology – BLMK suggestions

Technologies we think the NHS should prioritise are...

To stop using multiple systems and have a single IT system accessible to all those providing care

Having a single IT system would enable patients to only have to 'tell their story once' and would 'join up the care' provided by the different health and care staff as they would be able to view each others records

Greater use of assistance technology for people in the community – Alexia. Meds reminders, appointment reminders

There is an opportunity to make better use of assistance technology for people with mental health problems which may enable people to live more healthy and independent lives

A digitised front door including AI to assist with initial assessments. Use of technology to provide a wider range of treatments/therapies

Increasing the use of technology may be able to offer more patient choice through the wider availability of therapies and treatments.

Digital exclusion which could create more stress for people who do not access technology.
Ensuring support for people who may not be able to use technology so that no one gets left behind
– Taking into account affordability, diversity and cultural differences

There is a concern that digital exclusion could prevent some people from accessing the support that they need.

Making better use of technology – BLMK suggestions

Technologies we think the NHS should prioritise are...

Develop technology to keep staff safe when visiting people in the community

This would help to improve staff safety when working in the community

Training workshops would help people to use technology – A dedicated person in primary care or day centres to support patients to use technology

This would enable patients to be able to utilize technology

Making laptops readily available in deprived areas – Development of computer labs

This would enable patients to be able to utilize technology

Developing technology so that it can support people to find information about mental health

This would enable people to easily access information about mental health support

Need the infrastructure to support better tech making a difference so better access for all to stronger/faster wifi would be needed.

This would staff and patients to fully utilise the benefits of technology

Moving more care from hospitals to communities



Moving more care from hospitals to communities

What is the challenge?

- People are living longer but with more complicated health conditions.
- Treating people in hospital is expensive – and this is where most of the NHS budget is spent, but it is also often not the safest or most effective place for patients to be treated.
- There are longer waiting lists for A&E, hospital treatments and mental health services.

What might this include?

- Moving from delivering lots of care in hospitals, to delivering more care in communities (e.g. GPs, pharmacists) and in people's homes.

What impact might it have?

- More care in communities increases the NHS' ability to provide ongoing, long-term support.
- Fewer people going to hospital means hospitals can focus on emergency and specialist care.
- Patients say they have better outcomes if they are treated closer to home.

What do we mean by healthcare that is delivered 'in the community'?

Healthcare in the community provides support to help people:

- Stay **healthy**
- **Manage** long-term conditions – including some scans and test
- **Live independently** at home

People of **all ages** use healthcare in the community from birth to end of life.

Who delivers healthcare in the community and where is it delivered?

It can be delivered in lots of different places...

- People's homes
- Community clinics
- Schools
- Care homes
- Hospices
- Pharmacies

... and by a lots of different types of healthcare professionals

- District nurses
- Pharmacists
- Palliative (end of life) care nurses
- 'Allied health professionals' (e.g. physiotherapists, podiatrists, speech & language therapists etc.)
- Midwives
- Health visitors
- Healthcare assistants
- GPs
- Dentists
- Social care workers
- **And the public, through carers and self management**

Moving more care from hospitals to communities – BLMK suggestions

What difference (good or bad) would this make to you?

- Developing one community IT system where all the person's medical information is contained in one place would benefit health and care staff
- Virtual appointments being available for those who would prefer them alongside face to face appointments
- Better links with social care for quicker access to support in the community
- Move from a solely individually-focused treatment model to more meeting the needs of communities
- 24/7 community access, breaking down barriers, access for all
- Using peer support and lived experience to help everyone in the neighbourhood help each other
- Ensuring that the 'empowering of communities' comes with funding and support and is not just used as a cost-saving justification for defunding hospital options without alternative provision that leaves people alone without support
- Considering how much social media is used in the world, the NHS needs to lean into that more so it would reach a wider audience. Posters in buildings can only go so far
- We also need to educate NHS staff to give timely advice to prevent crisis
- It would be helpful if each organisation had a person dedicated to social media, including VCSE and NHS organisations, to help people know what is available or signpost where to go
- Ensuring patients are well-informed regarding their illness, treatment package/medication as well as carers – Simple, easy to follow, clear packages of care
- Crisis house to stop A and E admissions
- Improved link between physical health and mental health – Green social prescription. Nature based activities supporting the 5 ways to wellbeing
- Community mental health teams to have an up to date directory of what support is available in the community
- Developing Assertive Outreach Services
- Increasing respite care for patients in the community
- One issue at the moment is that the community mental health teams have not been able to keep up with the changes of the local demographics

Moving more care from hospitals to communities – BLMK suggestions

What difference (good or bad) would this make to you?

- Greater investment in VCSE organisations
- Greater focus on prevention
- Shorter admissions with better outcomes and robust community support
- Integrated physical and mental health support
- Long term strategic commissioning with long term investment
- Long term community workforce plan that is fit for the future
- Easy access to housing for vulnerable people
- Evidence based digital support and advice such as apps that are accessible via a mobile phone
- Easy access to services, a 'joined up' front door.
- Streamlining of processes.
- Consider how information and support can be easily accessible for families to access at an early stage delivered by trusted services whilst waiting for higher levels of service
- Empower communities
- Build awareness/knowledge in the community to build capacity for prevention
- Accessible services in communities co-produced with communities
- as not being able to drive or struggle with public transport
- Need specialist accommodation in the community – Especially for people with autism, mental health problems, forensic needs – People stay in hospital longer than necessary because the risks cannot be managed by 'generic' providers.
- The community support would need to meet the different cultural needs of residents i.e. improved access to translation services
- There would need to be a focus on improving procedures to support staff safety working in the community so that staff feel safe
- There would need to be increased housing provision to keep people well in the community
- Some community members distrust services so there would need to be a focus on community members promoting support that is available so as to improve trust in services.
- Stop people experiencing racism which prevents people accessing support
- Better befriending services

Example: Virtual Wards to help people receive hospital care at home

What is this service?

- Virtual wards allow patients to get hospital level care, at home (including in care homes).
- Patients may wear a device which monitors their heart rate, oxygen levels and skin temperature. This information is transferred to the clinical team every 15 minutes. They may be on an IV drip.
- Patients are reviewed daily by the clinical team, either in person or via video call. The team can also provide tests and treatments if and when required.

Who uses the service?

- Virtual wards are used to avoid admission to hospital or to support early discharge from hospital. They are most commonly used for:
 - Respiratory and lung conditions, such as Chronic Obstructive Pulmonary Disease (COPD)
 - Acute frailty for patients aged 65+
 - Heart failure

Example: Virtual Wards to help people receive hospital care at home

Benefits

- Treating patients in surroundings familiar to them, with the support of friends or family or other care support nearby, can speed up their recovery and increase wellbeing.
- A study has shown that virtual wards are less expensive than being in hospital, saving £2,265 per patient.
- They free up space in hospitals for those who most need to be cared for in a hospital setting.

Considerations

- There is a need to manage digital inequality. Virtual wards require a strong Wi-Fi connection which may be lacking in rural areas.
- GPs can also be kept up to date with the patient's care.
- It allows the health and care staff to deliver care flexibly. For example, work remotely or work different hours.

Moving more care from hospitals to communities – BLMK suggestions

Thinking about virtual wards, what sounds good and what concerns do you have?

Sounds good – your responses here



- Virtual wards need more development and promotion
- Consider community clozapine titration which might be able to prevent hospital admission
- Virtual wards need to be 24/7 with pro-active NHS care – Check in with the patient regularly
- Easy access to hospital care if needed
- For some 'lower' risk patients this would give the opportunity for more independence and less likely to contract other illnesses on a ward
- For the 'right' types of condition it could take away stress and discomfort of needing to stay/attend hospital

Concerns – your responses here



- Concerns about what support the person would receive if their health deteriorates and they are at home
- Concerns that it might increase pressure on carers
- There could be a disconnect between the professionals and the patient.
- There is a concern that it could lead to isolation and loneliness for the patient
- For people who have memory problems, there is a concern about them carrying out self monitoring
- Hospital admission in mental health is often based on risk (rightly or wrongly) and only used in quite extreme circumstances and this could be difficult to manage in the home environment
- Patients may under report symptoms due to misunderstanding their severity, leading to potential risks
- There could be a concern about keeping the person safe i.e. safeguarding issues might be missed

Example: Community diagnostic centres bring diagnostics closer to home

What is this service?

- Community diagnostic centres provide a broad range of diagnostic tests. For example, scans (e.g. MRI), tests (e.g. blood) and checks (e.g. seeing how well your kidneys are working).
- They are often located away from hospitals (e.g. shopping centres), allowing people to access diagnostics closer to home.

Who uses the service?

- Anyone who needs diagnostics!
- Patients can be referred to community diagnostic centres via their GP or by a consultant working in a hospital.



Example: Community diagnostic centres bring diagnostics closer to home

Benefits

- GPs can refer directly to community diagnostic centres. This can give patients quicker access to diagnostic tests, leading to earlier diagnosis and treatment.
- Community diagnostic centres can make it easier to access diagnostic tests. For example, they could reduce the time and cost of travelling to hospitals by being set up in more convenient locations.
- As patients won't be going to hospitals for tests, they can increase space in hospitals to help those most in need.

Considerations

- Not all tests are appropriate to be delivered in community diagnostic centres.
- Should community diagnostic centres offer different tests in different places to meet the needs of local populations? Or should they be the same everywhere?
- Community diagnostic centres are expensive to set up.
- They are only cost effective if running at full capacity.

Moving more care from hospitals to communities – BLMK suggestions

Thinking about community diagnostic centres, what sounds good and what concerns do you have?

Sounds good – your responses here



- People are more likely to access services if they are closer to home
- By embedding more care in the community, this would enable better support options for people with mental health problems as well as for their carers
- As part of developing community diagnostic centres there would need to be a focus on increasing support for carers
- Community diagnostic centres would allow people to get reassurance and support of what they can do to support their mental health or what to do next
- Support in the community – Welcoming and friendly front facing staff, that know where to sign post too rather than saying 'no, you don't meet the criteria' which will build trust in the service and would enable the word to spread that the community space is 'safe'
- Increase trained mental health first aiders in the community i.e. shop staff, café staff, barbers

Concerns – your responses here



Example: Ambulance triage to make sure people get the best care possible

What is this service?

- When paramedics have been called out, they call a hotline to a specialist healthcare professional.
- They explain the situation, the patient's background and their recommended plan.
- The healthcare professional adds to the plan and helps the paramedic put it into action.
- The plan means the patients get the best care for them. For example, they might receive care in their home from the paramedic, be sent to a service other than the hospital or be admitted straight to the hospital ward rather than A&E.

Who uses the service?

- The service is targeted towards people over the age of 75. Lots of people in this group are admitted to A&E when an ambulance is called, even if they would rather not be.
- At the moment, the ambulance crew can feel that they have no choice but to take a person to hospital because they do not know their medical history.

Example: Ambulance triage to make sure people get the best care possible

Benefits

- People receive the best care for them.
- This approach can mean that patients avoid upsetting long-waits for treatment in A&E.
- It can reduce admissions to A&E, so healthcare professionals can focus on those patients with the greatest need.

Considerations

- There needs to be a clinician who is available for telephone triage.
- Advanced Paramedic Practitioners are trained to Masters level and have the potential to treat a greater number of conditions in patients' homes.

Moving more care from hospitals to communities – BLMK suggestions

Thinking about ambulance triage, what sounds good and what concerns do you have?

Sounds good – your responses here



- It would likely feel less threatening than with the police
- It may support a more trauma informed approach
- If paramedics could see the patient notes then they would have more of an idea of the risks and what a person may need in an emergency
- It may need increased investment for it to meet demand
- Increase mental health practitioners in ambulance control rooms
- Develop mental health ambulance vehicles – A paramedic and mental health worker model. Service users have asked for this and it would be great for us to work with them and work in collaboration, to create a person centred safety plan following the call out
- Increase RESPOND training – A very useful training tool to understand each other perspectives

Concerns – your responses here



- There may be difficulties in rural areas which cover a large geographical area
- There is a concern about the long time that it currently takes for ambulances to attend
- Concerns about how information is going to be shared between different organisations
- There would be a need to make sure that the assessment is not done repeatedly before any care is provided, especially if experiences were traumatising for the person.

Moving more care from hospitals to communities – BLMK suggestions

Thinking about ambulance triage, what sounds good and what concerns do you have?

Sounds good – your responses here



- The development of mental health ambulance vehicles providing 'on the street' support would be helpful.
- The development of public mental health telephones that the public could use if they were concerned about their own mental health or a member of the public's mental health
- Better integrated working between the different mental health crisis support options i.e. Shout, NHS 111 mental health option and the mental health ambulance vehicles
- More mental health education for the police
- Improved joint working between the different professionals i.e. increased mental health first aid training
- Triage helps prioritise life threatening conditions
- Positive experiences of paramedics attending physical health issues of our service users

Concerns – your responses here



Preventing sickness, not just treating it



Focussing on preventing sickness, not just treating it



What is the challenge?

More could be done to help the nation stay healthier for longer, for example:

- Smoking is the cause of 25% of cancer deaths
- More than half of our nation is overweight or living with obesity
- Levels of poor mental health have risen – this is now the main cause of people being off sick from work

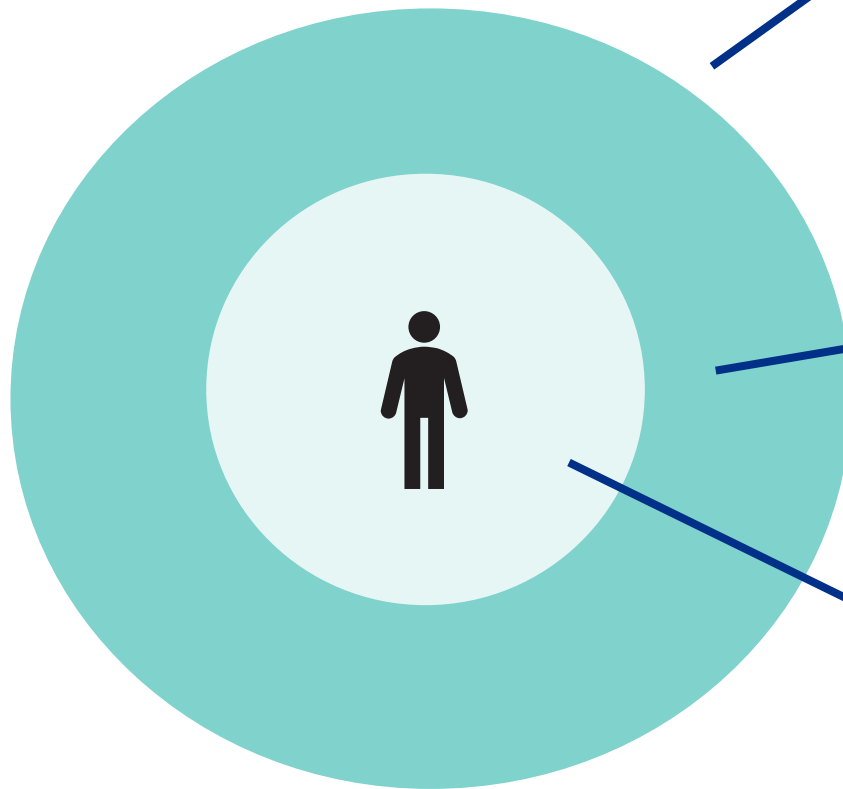
What might this include?

- More screening services to identify early stages of diseases
- More support for those wanting to quit smoking and prevent the development of lung cancer
- Weight management programmes to encourage people to live healthier lifestyles and prevent obesity

What impact might it have?

- Preventing ill health might cost the NHS less in the long-term
- People will also live healthier lives for longer and be able to work and engage in society for longer
- This will reduce costs to the public sector overall and allow more people to contribute to the economy for longer

What keeps us in good health?



Wider factors that affect health. These are ways in which our society is set up, which can affect our health (but also lots of other things too).

It might include the quality of our homes, how much money we have, availability of parks and green spaces and our education system.

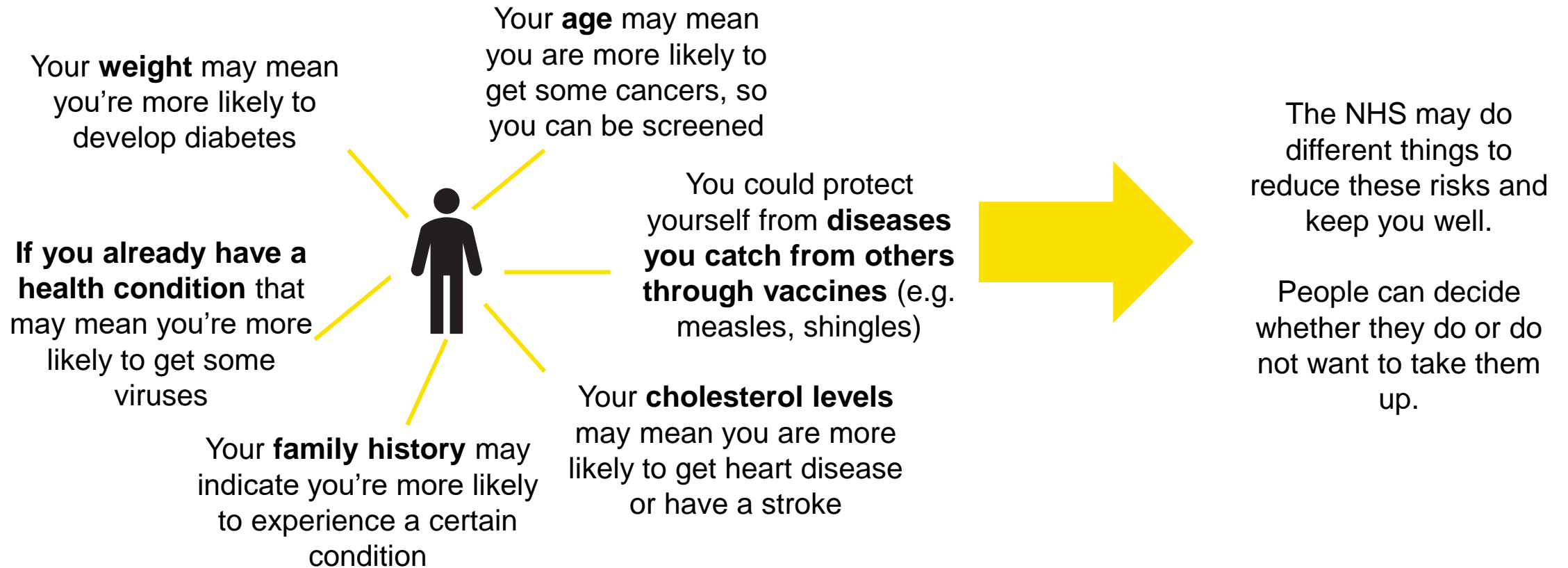
Improving the wider determinants is known as primary prevention.

This can include action the Government (national or local) takes on our collective behalf. Smoking bans, the requirement on food nutrition information, congestion charge zones to improve air quality, or planning rules to prevent fast food outlets near schools are all examples of primary prevention.

Secondary prevention is services that we can choose to take up or not that reduce our risk of illness.

When we talk about prevention we mean:

When NHS staff **check if you have risks of disease or if you already have a disease** and **take action (with your agreement)** to help keep you well. For example:



Preventing sickness, not just treating it – BLMK suggestions

What difference (good or bad) would this make to you? (5 mins)

- If we are going to do prevention well, it needs to be a 24/7 offer across the system
- Increase preventative options, wellbeing and recovery colleges, safe spaces to talk etc
- Have a holistic preventative approach around the whole family not just the person
- Develop education about mental health and self-help
- A more holistic approach to physical and mental health, developing a wider environment that supports mental health including tackling stigma. An approach that looks at all levels of prevention for mental health (Primary, secondary & tertiary).
- Improved care for unpaid carers, both young carers who care for parents and siblings and parent carers who care for their adult children.
- Increase exercise, community activities and support others in finding their own purpose
- Develop mental health awareness training to allow more 'low level' conversations to take place to prevent things from getting worse.
- Primary level interventions in mental health including addressing socioeconomic inequalities: including poverty, fuel poverty, food insecurity, debt, financial capability and welfare programmes.
- Secondary prevention focusing on the people who share characteristics that place them at a higher risk of developing a mental health problem. Taking a more targeted approach e.g targeting suicide prevention initiatives.
- Tertiary prevention focusing on the quality of life once someone has experienced a problem and also reducing the risk of relapse.
- More focus on wellbeing and emotions in the national curriculum – A focus on childhood trauma – Early recognition by services, schools, GP's etc
- Invest in counselling and therapy and becoming more trauma informed
- Better housing which is more affordable and healthier
- Safe community and healthy environments – Tackle anti-social behaviour, excessive drinking, gambling, drug use, basic income to cover life's essentials etc,

Preventing sickness, not just treating it – BLMK suggestions

What difference (good or bad) would this make to you? (5 mins)

- Prevention – Increasing initiatives to improve good nutritional intake on a shoestring budget
- Expand smart watches to improve fitness
- Develop green spaces to utilise for community gardens
- Greater support for obesity, alcohol and substance misuse
- Better public transport to increase access to support, particularly in rural communities, so as to reduce social isolation
- More training to support people with learning disabilities and/or autism
- More mental health support for paramedics
- The development of evidenced based programmes
- Increased support for people with special educational needs
- More support for people with autism and learning disabilities
- Increased sharing of mental health resources on-line
- Giving service users a choice of face to face and on-line support.
- So many community groups have gone due to a lack of volunteers to organise them
- Prevention focused on supporting mothers in the first 5 years of a child's life (or at very least in the first 3 years of life) If we
- Doing a lot of work with complex emotional needs currently and the stigma's are still rife and need addressing
- Ensure mental health signposting in places such as offices/around town so people know where they can go when in need of support instead of worrying about the stigma, not knowing where to find support and struggling until in a crisis when they can't take anymore
- Education and more community spaces. Free community clinics – Seeing the positive impact that the recovery college space does – Especially the drop in spaces with activities is brilliant – Giving people that routine and connection
- Education around well-being in the workplace for everyone. This will help with reducing stigma and enable early help support

Preventing sickness, not just treating it – BLMK suggestions

The three forms of prevention we think should be prioritised are...

Increase education for children and young people about Online Harm.

Children and young people may be exposed to negative and harmful content, including exposure to particular ideas and beliefs that may increase their risk of self harm and suicide by encouraging certain behaviours.

Increase community infrastructure and assets to support communities. This could include increased investment in VCSE organisations.

This could reduce loneliness and social isolation which impacts on a person's mental health and physical health.

The NHS taking a MECC (Making Every Contact Count) approach, investing in workplace health, population level approaches to improve mental health literacy (education campaigns).

Poor mental health has been identified as the main cause of people being off sick from work so increased mental health support in the workplace could improve staff health and well-being.

Preventing sickness, not just treating it – BLMK suggestions

The three forms of prevention we think should be prioritised are...

Improved eating disorder awareness and support in schools and colleges

This would provide enable early intervention support

A focus on preventing staff 'burnout'. Improved initiatives to support staff mental health i.e. a 'well-being hour'

Improving staff well-being will improve the quality and capacity of care that will be provided to service users and their carers

Work with schools, early education – Even just 30 minutes per week, to learn about emotions, the purpose of them, emotional regulation, mindfulness

Raising mental health awareness and breaking down barriers to accessing mental health support would enable early intervention to support

More training to support people with learning disabilities and/or autism. Better reasonable adjustments for people with autism and/or learning disabilities

This would improve the care being provided to people with autism and/or learning disabilities

Services reducing 'criteria's' that exclude people from accessing support which leads to people becoming more mentally unwell

This would prevent people from reaching a mental health crisis