

Under One Roof: Can we Develop a Sustainable Social Model of Primary Mental Health Care?

This short policy report emerged from a thematic analysis of discussions that took place during our Mental Health and Housing Learning Exchange held on 21st September at Preston’s Gujarat Centre. The paper will elaborate on the three dominant themes that emerged, the links that exist to ongoing CLAHRC NWC work packages and ideas for future areas of research.

Gathering Views

Our ‘rainbow table’ system where tables were organised so that all ‘stakeholders’ were represented at each table insured rich, layered discussions that reflected public, carer and patient experiences, practitioner’s local knowledge and academic perspectives on the 3 themes we discussed - *communities and connections; physical and mental health; use of local services.*

In response to the presentations we asked our participants to think about the key messages they had recognised with a view to working out how services implemented in their areas could tackle these messages.

As anticipated, discussions were wide ranging and inclusive, covering diverse areas and representing various perspectives. Careful note-taking by facilitators enabled us to scrutinise the material, pulling out three main themes that emerged across tables as well as identifying gaps in the evidence and implementation studies that had been presented.

The Themes

- **Building the social into a preventative mental health system.** This dominant theme covered, but also went beyond, a call for supported social prescribing to refer to a wider remit predicated on early intervention and including peer mentoring, cooperative working methods , “committing resources to prevent isolation” to target loneliness and the “bringing of services to people”. It was envisaged as a form of delivery that embeds training needs to address issues such as digital exclusion, both formal/structured and informal/ unstructured socialising, crisis prevention, care for the carers and with a focus on the recognition of meeting physical health needs of those with mental health challenges. Addressing “stigma within the community” was regarded as essential to this vision.
- **Co-operative, place-based working under one roof.** There was general agreement that we are “working for the same agenda but not working together” because “everybody is too busy with their day job to think about what others do”. Cooperative, not competitive, funding streams and commissioning practices in the context of what was described as likely “permanent austerity” was regarded as an integral part of this working practice. Strong connection to the vibrant third sector was also envisaged in this wholly more cooperative way of working. The setting and design of services were described as needing to be “calm” and “comfortable” and to enable access to primary mental health support and psychological services.



- **Improving communications and dissemination for sustainable best practice.** There was some focus on the question of “how existing ‘successful models’ will be sustainable” and resilient to funding cuts. In part, the resolution of this seemed to involve improved communications and dissemination of successful service innovation. More integrated signposting and the existence of a joined up “informal directory of services” across the NWC region that could facilitate work in a more “connected” and collaborative way.
- **Gaps** were also identified which, unless addressed in research and implementation, would compromise or threaten any system of delivery. Notably these were:
 - addressing the needs of ethnic minority groups in the NWC region to enable culturally sensitive commissioning and delivery.
 - identifying and resolving the needs of those who are currently digitally excluded.
 - identifying and resolving the needs of those, typically the most vulnerable in society with multiple and complex needs, including those who are homeless, who are not currently known to services.

When we assimilate these themes, what emerges is the beginnings of a resilient mental health system designed with prevention of crisis in mind and predicated on early intervention. A system that is capable and flexible enough to ride the waves of funding challenges and national policy changes by making the most of community assets and local place-based initiatives. A collaborative, well-connected network of primary level services delivered inclusively within a compassionate environment supporting formal and informal gatherings as well as alternative treatment practices. A network of calm and comfortable services targeting social isolation and delivered under one roof.

What’s Already Happening in this Space?

This rich and well-informed set of discussions aligns with some ongoing implementation and innovation being evaluated as part of CLAHRC NWC’s Partner Priority Programme (PPP)

Mersey Care’s Life Rooms initiative has been a focus of activity within PPP with projects examining the functioning of the most established Life Rooms in Walton as well as the newer Bootle Life Rooms. The intention and purpose of this approach accords with social approaches to mental health care and prevention because the Life Rooms are key community assets that reduce stigma by drawing local communities in to resource centres that focus on mental health and wellbeing and that provide ‘sanctuary’ for people who use Mersey Care’s services. By building partnerships with trusted local third sector organisations the local economy is supported and, by offering employment support, volunteering opportunities and well-resourced spaces for local groups to meet as well as hosting Mersey Care’s Recovery Colleges, the model epitomises a community and social model response to mental distress.

Through PPP the Life Rooms impact was explored in terms of change in secondary care contacts for those who use the Walton Life Rooms. The evaluation illustrated that Life Room users show a reduction in clinical cost when compared with Mersey Care service users who did not use the Life Rooms. Importantly, accompanying and ongoing qualitative research illustrates the positive views of those who use the Life Rooms in terms of inclusion, safety and sense of self-development.



The last 12 months of PPP has seen an evaluation of the **Youth Information Access Counselling (YIAC)** model by exploring the benefits of introducing elements of the Children's & Young People's Medical Mental Health model to 3 Social Model Hubs across Liverpool. From the information gathered it has been deemed viable to implement the agreed action plan in the next 12 months through partnership working (Liverpool CCG, Alder Hey Fresh CAMHS, Young Persons Advisory Service YPAS, Merseycare, Aqua & CLAHRC Intern). This will enable greater access to support and the early identification and management of health difficulties at the primary care level. It will also enable the Whole Family approach to be adopted to meet the needs of the population whilst adhering to local, regional and national policy.

More generally, the evaluation work carried out within PPP and the Integrated Longitudinal research Resource has sought to examine the population impact of the **Knowsley community-based consultant-led clinics** focusing on caring for people with long-term complex conditions such as COPD and CVD. Although not focused explicitly on mental health conditions, it provides an example of an effective joined up model that communicates better with primary, secondary, tertiary care as well as community services and social care. This provides a foundation, on which to build comprehensive place-based care for those with long-term conditions. Additionally, the current round of PPP will collaborate with colleagues from NHS England to evaluate elements of the GP 5-year forward view for Cheshire and Merseyside to determine if it has had an equitable population impact or offers evidence for effective place-based care. This work also links to ongoing analysis in the ILRR, which is exploring the changing primary care provision over recent years to see if it has influenced the way people use A&E services.

What Needs to Happen Next?

An initial scope of the academic and grey literature suggests that a case study synthesis and or a systematic review exploring the benefits and costs of social models of primary mental health support needs to be undertaken.

As a way of assessing the state of innovation towards this way of working in the NWC region, we would like to invite our CCG partners to tell us about their models of primary mental health support in a follow-up learning exchange that can explore practice and facilitate learning exchange across the NWC.

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