

SOUTHAMPTON MENTAL HEALTH AND WELLBEING STRATEGY

Foreword.

Mental health and wellbeing affects us all. Research from The Mental Health Foundation suggests that nearly 2 in 3 of us will experience a mental health problem during our lives, and 1 in 6 is managing fluctuating levels of distress each week. It could be a family member, a neighbour, a colleague, you, or me. This is why it's important we all recognise that mental health and wellbeing is everybody's business.

In recent years we have travelled a long way as a society in acknowledging mental health. Much ground has been covered in challenging the taboo and stigma in which it was once surrounded, and we have made steps towards tackling discrimination. Likewise, the importance of wellbeing has become a widely discussed topic, and significantly more is understood about how we can all live healthier, happier, and more balanced lives. Despite this, life remains tough for many people in our city. The pressures of the pandemic, rapidly followed by a cost-of-living crisis, means chronic stress remains an everyday factor for far too many, and there is much to still be done to address this.

Unifying our work on mental health is a welcomed development, as it demonstrates clear purpose in the city's ambition to help improve the mental health and wellbeing of the whole population, and the steps needed to get there. This strategy provides a focus for local leadership to take collaborative and concerted action to tackle poor mental health, and the conditions that drive it. Our collective challenge is improving the wellbeing, and lives, of the people of Southampton, so we can all truly thrive.

Rob Kurn, CEO, Southampton Voluntary Services

Improving the mental health and wellbeing of Southampton's residents is a goal Solent Mind is passionately committed to. We know its success will take many different people working together, from across all parts of the City, and at times, in new ways, to make a long term difference. We are determined to play our role in rising to this task, and work alongside others to deliver both this strategy and our own purpose "**Supporting everyone to develop positive mental wellbeing, live well and thrive**". We look forward to working with you.

Sally Arscott, CEO, Solent Mind.

As Solent Mind's Peer Support Service in Southampton, and as people with lived experience, we are grateful that our opinions have been valued, enabling us to be part of the development of this strategy. The engagement and participation of people with lived experience is vital to understanding, and addressing, the mental health inequalities within our city. We believe all Southampton residents have the right to good mental health and well-being, and that the subject of mental health should be on everyone's agenda. As people with lived experience, we want to be consulted and included in meaningful change.

Our Peer Support Service works across the whole of Southampton, and as such, is well placed to see the everyday struggles that people are facing. Every day, we bear witness to the social, economic, and the intergenerational trauma, that is adversely affecting health and wellbeing within our city. As Peer Workers, human connection is at the heart of our approach – ***'we listen, connect and inspire hope authentically, through our lived experience'***. As with everybody who has inputted into this strategy, we feel it is vital that we all work collaboratively, holistically, and proactively in order to fulfil this strategy's shared vision. We all need to support those in need, when they need it, and to challenge the stigma around mental health, self-harm and suicide that still prevails.

Southampton Peer Support Service welcomes this mental health strategy. We pledge to support this vital work in any way we can, and are committed to working with our partners across Southampton – to make Southampton a great place to live in line with Solent Mind's own values:

' Compassionate, Listening, Inclusive, Effective, Together '

Solent Mind Peer Support Service

Overview

This is a strategy for the whole city. It was developed with our partners across the city, including people with lived experience of poor mental health and those who support them. It reflects our shared priorities and the aspirations of services that support mental health and wellbeing in Southampton.

Our shared vision is that people in Southampton have good mental health and wellbeing, whatever their background or the circumstances in which they live. This strategy describes our approach to achieving this vision. It outlines the actions that we will take together to address the needs of our residents and communities.

This strategy does not contain all the details about how we will achieve our ambitions. These will be in an accompanying action plan. To facilitate a city-wide approach to this strategy we are setting up a multi-agency, Southampton Mental Health and Wellbeing Partnership. This will complement our existing Southampton Suicide Prevention Partnership.

Our actions align to six priority areas:

1. There is a positive culture that promotes mental health and wellbeing in Southampton.
2. We have greater focus on the areas of people's lives that impact their mental health and wellbeing.
3. People in Southampton get support for their mental health and wellbeing when they need it.
4. Everyone has the opportunity to have positive mental health and wellbeing and is able to benefit from support that is right for them.
5. Children and young people get the best start in life for their mental health and wellbeing and families are supported.
6. Working together to prevent suicide and self-harm, and support those who are impacted.

What is mental health and wellbeing and who is this strategy for?

Mental health and wellbeing are not just about the absence of mental illness. It is about our feelings and emotions, our social connections, connections with the world around us, and our ability to live the lives we want to live. Mental health and wellbeing are fundamental to everything we do. In Southampton we are taking a positive approach to mental health. We are focusing on the importance of mental wellbeing for people to live a fulfilling and productive life within their families and communities. This strategy is for everyone.

Everyone has ups and downs in their lives at different times. Emotions and challenges form a part of the human experience. Life is particularly hard at the moment for a lot of people. The pandemic, the cost of living and other national and global challenges have impacted our mental health and wellbeing. As well as creating environments that promote wellbeing, it is essential that support is provided when people are struggling with their mental health. Mental health services are crucially important for people with mental illness or crisis, but this strategy is not only about these services. It focuses on preventing poor mental health and promoting wellbeing, looking at all the different things that are important for mental health and wellbeing.

There are many things that affect mental health and wellbeing, both negatively (risk factors) and positively (protective factors). Through the prevention of risk factors and promotion of protective factors we hope to improve mental health and wellbeing in Southampton.

Although this strategy is not about specific mental health disorders or conditions, it is relevant to people who have mental health illnesses like depression, anxiety, schizophrenia or bipolar, a condition like dementia, a learning disability, who have a drug or alcohol issues or who are neurodiverse. It is important that this strategy considers everyone's mental health and wellbeing. We know that everyone, including those who are living with other diagnoses, disabilities or difficulties, can benefit.

We are in challenging financial times, and we know that services are under pressure. However, there is amazing work going on across Southampton that we need to celebrate and build on. Community groups, libraries, mosques, gurdwaras, synagogues, churches, temples, coffee mornings, sports teams (and so much more) are all supporting mental health and wellbeing of people in Southampton.

This is an ambitious strategy that reflects the importance of mental health and wellbeing across nearly every area of our lives. It outlines how partners across Southampton will work together to promote mental health and wellbeing and reduce inequalities. This strategy reflects the ambitions around mental health and wellbeing of the whole city. The responsibility for making these ambitions happen is a shared one.

Our shared vision is that:

People in Southampton will have good mental health and wellbeing, whatever their background or the circumstances in which they live.

Our approach to achieving this.

- We will ensure “**parity of esteem**” where mental health is **valued the same as physical health** and gets the same recognition and support that physical health does.
- We will work together in **partnership** to promote good mental health and wellbeing.
- We will recognise that different challenges and life events, at **different stages of life**, impact mental health and wellbeing.
- We will recognise the value of our **voluntary, community and social enterprise** organisations as equal partners in preventing mental health problems and promoting wellbeing.
- We will focus on **prevention and early intervention** of mental health illness, escalation and crisis and celebrate **lived experience and recovery** to help others.
- We will recognise the impact of **trauma** on mental health and wellbeing and take a Trauma Informed Practice approach to all our work and services.
- We will use the **evidence base** to inform our decisions.

Our underlying principles

There are some principles that underpin this strategy and the work that we will do together to improve the mental health and wellbeing of people in Southampton:

- Everyone should be understood, respected and supported and everyone's mental health will be valued (to create a Mental Health Friendly City).
- We will 'be human' and show kindness and compassion to those around us and those we are supporting.
- Language will be used that demonstrates the respect, value and kindness that every resident of Southampton deserves. We acknowledge that the language we use matters and is ever-changing, and we will be kind and patient when people don't always get it "right".
- People with lived experience will be involved and included in all our decisions on mental health and suicide prevention.
- Inequalities will be reduced by providing intervention and support according to need.
- Mental, physical and social health are interwoven and need to be valued equally and considered together.
- Stigma around mental health and suicide will be challenged.
- Suicide prevention is everyone's business.

Our commitments that include mental health and wellbeing in Southampton.

Trauma Informed Practice

In Southampton we are committed to the delivery of Trauma Informed Practice. This means that we recognise that trauma can affect individuals, groups and communities and that exposure to trauma can impact an individual's neurological, biological, psychological and social development. Our approach works to increase awareness within services of how trauma can impact on individuals, groups and communities. This can include their ability to feel safe and develop trusting relationships with health, care and education services. We hope that taking this approach will make it easier for people who have experienced trauma to get the help they need.

Prevention Concordat

We have shown our commitment to cross-sector action to improve the mental health and wellbeing of residents by our intention to sign the [Prevention Concordat for Better Mental Health \(OHID\)](#). This reflects our chosen focus on:

- The wider determinants for mental health and wellbeing, including protective and risk factors and reducing health inequalities.
- A prevention-focused approach to improving the public's mental health.
- Evidence-based planning and commissioning to increase the impact on reducing health inequalities.

Setting the Scene.

Mental health and wellbeing in Southampton

Poor mental health affects a lot of people. Data taken from [Southampton Data Observatory](#) show that nearly a fifth (18.7%) of people over 16 years old in Southampton have a common mental health problem and 1.13% of registered patients have a diagnosis of severe mental illness. Both figures are higher than the average in England. “Common mental health problems” means conditions like anxiety and depression. “Severe” or “serious” mental illness means conditions like bipolar disorder, or schizophrenia. Anxiety and depression can still significantly impact some people. When asked about their mental health, nearly a quarter of adults in Southampton report high anxiety and 10% report low happiness. When children and young people in Southampton were surveyed, only 51% said they are happy with their mental health.

Wider determinants of mental health and wellbeing

There are many areas of people’s lives that affect their mental health and wellbeing. These include social, economic, and physical environments in which they live at different times. Southampton has a high prevalence of risk factors for poor mental health and wellbeing:

- **Deprivation:** Southampton is ranked 55th most deprived out of 317 local authorities in England, where 1 is the most deprived.
- **Low income and financial insecurity:** In 2019, 13.5% of Southampton residents lived in an area experiencing deprivation relating to low income, this is higher than the English average of 12.9%.
- **Child poverty:** In 2021/22, 25% of children in Southampton aged under 16 were living in relative low-income families, significantly higher than the national average (23.8%).
- **Housing:** 6.2% of houses in Southampton are overcrowded, significantly higher than national average (4.8%).
- **Educational attainment:** Average attainment 8 scores (at GCSE) in Southampton are worse than England overall and significantly worse for children in care and children eligible for free school meals.
- **Preparation for employment:** 6% of Southampton’s 16-17yr olds are either not in education, employment or training or their activity is not known. This is significantly worse than the national average (4.7%).
- **Adverse Childhood Experiences:** 363 per 10,000 children in Southampton are supported by Children’s Services due to abuse or neglect, significantly worse than England average.
- **Physical health conditions:** 16% of Southampton’s population have a long-term health problem or disability.
- **Social isolation and loneliness:** 36.7% of Southampton’s over 65yr olds live alone, this is higher than the national average. Although living alone does not necessarily mean someone is lonely, a 2016 residents survey found 30,000 residents said they feel lonely in their daily lives.

Southampton residents also benefit from some protective factors for mental health and wellbeing:

- **Employment:** Rates of employment in Southampton are similar to the England average (74.3% in Southampton and 75.4% in England).
- **Access to green space and the Natural Environment:** 95% of the city have access to green space of at least 2 hectares (just under the size of five football pitches), within 5 minutes walking time. However, access to green space is not experienced equally across the city, some areas have far less.

Inequalities in mental health and wellbeing

There is inequality in the conditions in which people in Southampton live. This results in inequalities in mental health and wellbeing. People with poor mental health are more likely to experience other health inequalities. For example, people with severe mental illnesses in England on average die 15-20 years earlier than the general population.

There are some people and communities in Southampton that we know are at higher risk of poor mental health and wellbeing:

- **Ethnic minorities:** People from ethnic minority groups have higher rates of diagnosis of mental illness, delays in support until crisis situations, hospital admissions due to mental illness, poor treatment outcomes and disengagement from mental health services.
- **Children in care and care leavers:** Nationally, half of children in care meet the criteria for a mental health disorder.
- **People who identify as LGBTIQ+:** Nationally, half of LGBTIQ+ people experience depression, three in five experience anxiety, one in eight LGBTIQ+ people (aged 18 to 24) had attempted to end their life and almost half of trans people had thought about taking their life.
- **Carers:** Carers are twice as likely to have a long term physical or mental health condition. Furthermore, only 30% of adult carers in Southampton get as much social contact as they would like.
- **Young carers:** Nationally, 60% young carers feel their caring role has affected their emotional wellbeing. Their caring role can be associated with stress, anxiety, low self-esteem, missing school, not participating in activities, and a lack of social connections.
- **Neurodiversity:** 1 in 7 people in the UK are neurodivergent and neurodivergent people have a higher risk of poorer mental health and suicide. An estimated 70% of people who are on the autistic spectrum have a co-occurring mental health condition.
- **Co-occurring conditions:** Nearly two thirds of people entering drug and alcohol treatment programmes have mental health needs.
- **Social care users:** Half of all adult social care users in Southampton have depression or anxiety.
- **Homeless households and rough sleepers:** In Southampton 10.4 per 1,000 households are assessed as being homeless. 45% of people experiencing homelessness have been diagnosed with a mental health issue. This rises to 8 out of 10 people who are sleeping rough.
- **Domestic abuse victims/survivors:** Nationally, people who are survivors of domestic abuse are three times more likely to develop a serious mental illness, and twice as likely to have already experienced some form of mental illness.
- **Gypsy, Roma and Travellers:** People who are Gypsy, Roma and Travellers have higher rates of depression and anxiety and are at higher risk of suicide.

Suicide and self-harm

The rate of suicide in Southampton has decreased over recent years and is now similar to the England average (9.5 per 100,000 in Southampton). There are approximately 21 deaths by suicide each year in Southampton. Every death is an avoidable tragedy and the impact of each death is huge, with estimates of 60 to 135 people affected by each one. Three quarters of deaths by suicide are in males and one quarter in females.

Self-harm is a concern in its own right, as well as being a risk factor for suicide. Local hospital admissions for self-harm in 10-24 year olds are significantly higher in Southampton than the national average (689 vs 550 per 100,000).

Priority outcome 1: There is a positive culture that promotes mental health and wellbeing in Southampton.

Our mental health and wellbeing is impacted by our surroundings and our social connections. Therefore, it's important that our city promotes and protects the mental health and wellbeing of everyone.

We know that stigma, discrimination and racism have harmful effects on mental and physical health through the trauma they cause. We also know that stigma and discrimination against people with mental health problems can have a big impact and create further inequalities through bodily stress responses, poor access to mental and physical healthcare, dying earlier, exclusion from education and employment, increased risk of contact with the criminal justice system, victimisation, poverty and homelessness.

A city that promotes mental health and wellbeing needs to recognise and overcome stigma, discrimination, racism and promote inclusivity for everyone. It needs to celebrate the city and communities within it and the mental health of people who live and work here.

While developing this strategy, we heard from people with lived experience that the societal pressures and the traumas that they experience have the greatest impact on their mental health. We heard about people's experiences of visiting services where they felt like there was "something wrong with them" for not fitting into societal norms or that they "needed to be fixed". Individuals feel isolated and we recognise that the city needs to take a more holistic approach.

There is a positive culture and environment that promotes mental health and wellbeing in Southampton.	
What do we want to achieve?	How will we achieve this?
Southampton is a place where everyone can benefit from our city-wide commitment to mental health and wellbeing.	<p>Make Southampton a <i>Mental Health Friendly City</i> where everyone’s mental health is encouraged and valued.</p> <p>Work in collaboration to strengthen the delivery and promotion of cultural and community focused activities that bring people together and support physical and mental health. This will build on community assets and celebrate Southampton as a place to live.</p> <p>Embed a Trauma Informed Practice approach in all our settings and services using the Southampton Trauma Informed Practice Concordat Delivery Framework. This includes supporting both children and adults who have experienced trauma in childhood (Adverse Childhood Experiences) .</p> <p>Create positive, safe places to live- supporting housing, food security, sleep and protection from “public nuisances” of excess noise, light or smells.</p>
People with lived experience are at the heart of our work and decision making around mental health and wellbeing.	<p>People with lived experience will have membership on the Southampton Suicide Prevention Partnership and Southampton Mental Health and Wellbeing Partnership.</p> <p>Feedback updates on progress on delivery of this strategy to people with lived experience.</p>
We all share agreed language about mental health and wellbeing that includes, values and respects people.	Agree shared language around mental health and suicide to be used by partners in collaboration with people with lived experience.
We will increase awareness and inclusivity and reduce stigma and discrimination.	<p>Collective action on understanding and addressing systemic racism and community trauma, and the impacts on mental health and wellbeing.</p> <p>An understanding of the impacts of trauma caused through discrimination and stigma to be promoted widely through services via training, equalities champions and increased diversity of workforce where possible.</p>

	Strengthening work with faith communities around awareness and reducing stigma, empowering people within communities to speak about mental health.
We are promoting positive messaging about mental health and wellbeing.	<p>Promote messaging about mental health and wellbeing via regular comms and campaigns, using agreed public mental health and wellbeing messaging across partners and organisations.</p> <p>Promote messaging that celebrates mental health and encourages people in Southampton to make connections with others, recognising the importance of social connectedness and the power of saying “hello”.</p>
Workplaces in Southampton are committed to improving the mental health and wellbeing of their staff.	<p>Map the range of mental health and wellbeing support that is available to people working across Southampton to enable policy and workforce development programmes to be embedded in all organisations.</p> <p>Workplaces, including Anchor institutions, will be encouraged and supported to improve mental health and wellbeing through frameworks and tools that are right for them, including Workplace Wellbeing Charter and Wellbeing at work Commitment.</p>
There will be strong leadership in mental health and wellbeing.	<p>Establish Southampton’s Mental Health and Wellbeing Partnership.</p> <p>Demonstrate our commitment to prevent poor mental health and promote good mental wellbeing through adoption of the Prevention Concordat for Better Mental Health and embedding mental health in all policies.</p>

Priority outcome 2. We have greater focus on the areas of people’s lives that impact their mental health and wellbeing.

Everyone should have the right to live healthy lives and have positive mental health. However, inequalities in some of the basic building blocks of life such as education, good employment, housing, and health mean this is not the case. It’s these same building blocks that are impacted by poverty. A focus on these factors means doing things like improving people’s opportunity to stay in education, find opportunities for work, and have adequate housing. These are things that we know are important for mental health and wellbeing.

We also need to focus on protective factors like physical activity and social connections. Building social networks is incredibly important for daily wellbeing and for protecting against the impacts of challenges when they arise.

We heard from people with lived experience that there needs to be a focus on loneliness and isolation and that, for lots of people, loneliness and isolation are the biggest trigger in why their wellbeing declines. We heard that a positive social circle of supportive, trustworthy and honest people that recognise you as who you are is a protective factor that improves mental health and wellbeing.

While developing this strategy we also heard that people with poor mental health do not always know where to get financial support and sometimes have additional needs to get into employment.

We have greater focus on the areas of people’s lives that impact their mental health and wellbeing.	
What do we want to achieve?	How will we achieve this?
Conditions in which people live and the opportunities for education and employment in Southampton are improved, and this will reduce inequality.	<p>Improve the quality of homes, help people live in the home that’s right for them and reduce homelessness and rough sleeping.</p> <p>Keep people in their homes by strengthening partnerships and integration between housing services and other services that support vulnerable people or people in crisis (e.g. substance use and mental health) so people at risk of losing their homes are identified and supported early.</p> <p>Support people to be in employment and reduce the numbers of those not in education, employment or training by offering independent life skills workshops and apprenticeship schemes, including support for employers.</p> <p>Help children and young people to stay in their own schools through anti-bullying work and support during transitions (e.g. from year 6 to 7).</p>
Everyone in Southampton can enjoy and benefit from things that improve mental health and wellbeing.	<p>Clean air and increased access to, and perception of safety of green spaces in Southampton.</p> <p>Access to physical activity is increased through the delivery of the We Can Be Active Strategy and the development and promotion of activities that support people’s physical and mental wellbeing, provided by members of the Physical Activity Alliance, Energise Me and others.</p> <p>Health and care partners support people to move more. For example, through social prescribing and other services such as talking therapies.</p>
People are supported to build social connections.	Work collectively to provide and promote opportunities for creating and maintaining social connections through activities run by peer-led, community and faith groups, and other activities such as volunteering and befriending.

	<p>Implement the Hampshire and Isle of Wight Integrated Care Partnership social connectedness framework in Southampton.</p> <p>Work with Young Southampton to support the provision of positive activities for young people across the city to participate in.</p>
<p>People can access advice about managing the cost of living and the mental health impacts of financial anxiety, and food insecurity.</p>	<p>Provide debt and mental health training for frontline workforces.</p> <p>Enhance advice and signposting for mental health in financial support services and ways to provide financial support and advice when people are struggling.</p>

Priority outcomes 3: People in Southampton get support for their mental health and wellbeing when they need it.

This strategy strives to promote mental wellbeing and to prevent poor mental health in everyone. However, there will be times when support is needed, and people should be able to access appropriate levels of support at the right time. This should include support in the community as well as specialist support if needed. We need to continue to support the creation of connections between people and the organisations that support mental health and wellbeing.

While developing this strategy we heard from people with lived experience about the importance of peer support and community groups/projects and how they have positively impacted the mental health and wellbeing of people with lived experience. We also heard how difficult it is to find appropriate support and that there is a lack of understanding of when the “right time” is to seek support. There needs to more accessible information about mental health support across the city.

People in Southampton get support for their mental health and wellbeing when they need it.	
What do we want to achieve?	How will we achieve this?
<p>Communities support the mental health and wellbeing of their residents.</p>	<p>Voluntary, community and social enterprise organisations that provide support for mental health and wellbeing will be connected via the Southampton Mental Health Network and other community networks. Directories of mental health, wellbeing and social support will be provided.</p>

	<p>Develop and promote recognised mental health and wellbeing and suicide prevention training for the workforce and volunteers, accompanied by appropriate support structures to retain competence and capability in using these skills.</p> <p>Develop a city-wide communications plan around what's available to support mental health and wellbeing.</p>
<p>A broad range of support for mental health and wellbeing is available to people before they need specialist services.</p>	<p>Promote mental health and wellbeing support and services so people know what is available and how to access it, ensuring that the information can be understood by the people who need it.</p> <p>Health partners, such as primary care, facilitate navigation into support and activities in the community.</p> <p>Peer models of support in the community are strengthened, and sharing of stories about experience and recovery are encouraged and celebrated.</p>
<p>If people need help, they are able to access mental health services or crisis support.</p>	<p>Promote accurately what mental health services and crisis support is available, along with an understanding of when it is needed and how it should be accessed.</p>

Priority outcome 4: Everyone has the opportunity to have positive mental health and wellbeing and is able to benefit from support that is right for them.

There are inequalities in mental health and wellbeing and many of these are linked to other challenges a person might be facing, whether that's physical health problems, neurodiversity, disability, addiction or discrimination. Not everyone is able to get the help they need, and we must work towards overcoming barriers they face. We need to think about the whole person and all their needs. We need to recognise that people are complex and diverse and that a "one-size fits all" approach won't work.

We know that people who experience long term physical conditions are more likely to have poor mental health and wellbeing. We also know that people experiencing poor mental health are more likely to have poor physical health leading to worse outcomes. It is therefore important that the physical health of people with mental health problems is properly supported.

This strategy does not include preventing dementia as a disease because this is included in cardiovascular disease prevention. However, dementia can be associated with poor mental health, and people with dementia may benefit from the same mental health and wellbeing support as others.

While developing this strategy we heard from people with lived experience that some ethnicities and cultures have felt left behind or missed from previous plans or strategies. We were told that people with learning difficulties and neurodiversity require appropriate support. We also heard from some people that their mental health is not taken seriously because of their addictions so a stronger understanding of mental health with addiction is needed.

Everyone has the opportunity to have positive mental health and wellbeing and is able to benefit from support that is right for them.	
What do we want to achieve?	How will we achieve this?
Inequalities in mental health and wellbeing are reduced.	<p>Ensure mental health support is accessible and appropriately tailored for everyone who needs it. For example, for people with learning disability or neurodiversity.</p> <p>A person-centred approach is taken for people with co-occurring needs such as mental health, social care, and addiction (alcohol, drugs, gambling), and joined up working between services that support them is strengthened.</p> <p>Mental health and wellbeing support is tailored for people most vulnerable to poor mental health, such as care leavers, LGBTIQ+ people, refugees and asylum seekers and those who've experienced trauma.</p>

	<p>Carers are supported to look after their mental health and wellbeing and maintain social connections, including through flexible respite options that are right for them and the cared for person.</p> <p>The mental health and wellbeing needs of older people are addressed through strengthening social connectedness and improving access to appropriate services and support for them. This will include talking therapies, preparation for older age, bereavement, and alcohol use support.</p>
<p>The mental health and wellbeing needs of people from different ethnic and cultural backgrounds are met and they are supported in the way that is right for them.</p>	<p>Work with communities to better understand the mental health and wellbeing needs of people from different ethnic and cultural backgrounds in Southampton. Communities could be formed of people from geographical locations or be made up of people from particular ethnic backgrounds or faiths, or Gypsy, Roma and Traveller communities.</p> <p>Promote an understanding of the barriers and needs of ethnic minorities among the mental health work force, education settings and other partner organisations in Southampton.</p> <p>Use data from services to inform provision, accessibility and the promotion of services to those who are not being reached.</p>
<p>The needs of people with mental health problems are holistically met, reducing the inequality in health and wellbeing.</p>	<p>People with severe mental health problems are supported to improve their physical health. For example, treating tobacco dependency, reducing alcohol-related harm and reducing the risk of cardio-vascular disease.</p> <p>Making Every Contact Count (MECC) is adopted and used in mental health services to support healthy conversations about improving physical health.</p> <p>Training for professionals around co-occurring conditions including the causes of substance use and how we talk about it.</p>

Priority outcomes 5: Children and young people get the best start in life for their mental health and wellbeing, and families are supported.

Putting in the ingredients for positive mental health and wellbeing needs to start in the early years. We know that half of mental health problems are established by age 14 and three quarters by age 24. We also know that the mental health of parents and carers has a significant impact on children and young people's current and future mental health and life chances. Supporting the mental health and wellbeing of children and young people through their families, communities and education settings is essential.

While developing this strategy we heard from people with lived experience that there needs to be better connection with schools about awareness of mental health and wellbeing support. We were told that tools and resources, such as peer support groups in schools, are needed to help support young people to look after each other's wellbeing. We also heard that support is needed for the parents or carers of young people who have poor mental health.

Children and young people get the best start in life for their mental health and wellbeing and families are supported.	
What do we want to achieve?	How will we achieve this?
Positive perinatal mental health and wellbeing for all the family.	<p>Make perinatal mental health and wellbeing support available to pregnant people and new parents.</p> <p>Other professionals who come into contact with new families are trained and supported to identify mental health concerns.</p>
Parents, carers and families can access a wide range of support in their communities.	<p>Groups and parenting programmes will be provided by Family Hubs and other community organisations, including support for dads.</p> <p>Clinical Leads offer mental health support within Children and Families First (previously Early Help).</p> <p>Implement the Family Safeguarding Model, including mental health support workers who support families most at risk.</p> <p>Promote accurately what mental health services and crisis support is available for children and young people, along with an understanding of when it is needed and how it should be accessed.</p>

<p>A positive concept of emotional and mental health will be promoted and children and young people are able to have healthy conversations about emotions.</p>	<p>Promoting confidence in talking about emotions, the language to use, the risks of labelling, and encouraging body positivity and inclusivity. This will be achieved via delivery of education sessions to staff in schools, and training in children and young people's emotional wellbeing to wider workforces.</p> <p>Helping families have confidence in having conversations with young people, particularly if they have additional needs via training.</p>
<p>Education settings are healthy environments that promote good mental health and wellbeing of children, young people and staff, as well as teaching them about maintaining emotional wellbeing.</p>	<p>Delivery of the Healthy Early Years Award and Healthy High 5 to education settings across the city.</p> <p>Schools in Southampton have access to Mental Health Support Teams and a 'whole school approach' to promotion of student and staff wellbeing is adopted, ensuring that the school community works together to maintain good mental health and wellbeing for all.</p> <p>BeeWell survey (a national and independently evaluated wellbeing survey) is conducted in schools and intervention based on the findings are delivered.</p>
<p>Children, young people and families are supported through transitions, both in their development and between services.</p>	<p>New families are supported into parenthood via antenatal support and Family Hubs.</p> <p>Early help is provided at critical reachable moments e.g. school transition, during puberty, students arriving in the city for university etc.</p> <p>Young people leaving care or transitioning from child to adult social care or mental health care, or out from tier 4 (in-patient) mental health placements are appropriately supported.</p>
<p>Parents, carers and families who provide support for a child or young person are given the tools and support they need.</p>	<p>Increase identification of young carers and their access to support, and increase the number of people in the city who can offer that support.</p> <p>Parents and carers of children and young people with additional needs are supported to look after their mental health and wellbeing through understanding of the support that's available to them and their families, access to activities, and flexible respite options that are right for them and the child or young person they care for.</p> <p>Foster carers will be supported with training around mental health, therapeutic support during placements, and provision of support at placement endings.</p>

Priority outcome 6: Working together to prevent suicide and self-harm and support those who are impacted.

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. Much of the prevention for suicide at a population level will be the same as prevention for poor mental health, such as reducing isolation, unemployment and the impact of trauma, taking a holistic approach. However, preventing deaths by suicide also requires more specific action based on who we know is at risk and what we know works. From national and local data, we know that risk factors for suicide include:

- Men, particularly middle-aged men (and also younger males).
- People experiencing mental health problems.
- People experiencing relationship difficulties, unemployment, financial difficulties, physical health problems, housing difficulties and/or social isolation.
- Bereavement, especially bereavement by suicide.
- People with previous attempts of suicide.
- People with adverse childhood experiences including sexual abuse
- People with co-occurring drug and/or alcohol use and mental health problems.
- People formerly convicted of a crime.
- People who have experienced abuse (either as victims or witnesses).
- People experiencing isolation from others.
- People who have been diagnosed with a terminal or chronic illness.
- People experiencing bullying.
- People who are neurodivergent.
- People who identify as LGBTIQIA+.

While developing this strategy we heard from people with lived experience that stigma and the language used about suicide needs to be addressed. We also heard that support services for those experiencing suicidal thoughts need to be more accessible and that support for those bereaved by suicide should be widely available. People with lived experience shared concerns about young people and the harms of social media, calling for further interventions for online safety. We also heard that we need to talk more with parents and schools about suicide and self-harm, and the support that is available to them.

Working together to prevent suicide and self-harm and support those who are impacted.

What do we want to achieve?	How will we achieve this?
Partners across the city will work together to make suicide prevention everyone's business and maximise collective impact to prevent suicide and self-harm	<p>Continue Southampton's multi-agency suicide prevention partnership, including people with lived experience in the membership.</p> <p>Clear messaging using the correct language and terminology about suicide prevention that is shared by all partners and organisations in their comms and promotion.</p> <p>Promotion and encouragement across the city of basic training in suicide prevention and how to talk about suicide.</p>
Improved data and evidence so that effective, evidence-informed and timely interventions continue to be adapted.	<p>Real time surveillance (RTS) of data via the Hampshire Isle Of Wight (HIOW) RTS group informs prevention and postvention action.</p> <p>Southampton Suicide Audits completed regularly, complemented with findings from drug-related audits where helpful.</p> <p>Strengthen links to academic research about suicide prevention for the purposes of both informing and learning.</p>
Provision of tailored support to priority groups, including those at higher risk.	<p>Appropriate support is provided and promoted for people at greater risk of suicide including middle aged males, neurodivergent people, people in contact with the criminal justice system, LGBTQIA+ people, and other priority groups. Public awareness mental health campaigns aiming to reduce stigma are targeted at these groups.</p> <p>Develop and provide a comprehensive training offer to ensure the provision of mental health, self-harm and suicide prevention training to frontline staff who come into contact with those at risk of suicide.</p> <p>Workplace wellbeing and suicide prevention and postvention support targeted at workplaces with employees of higher risk of suicide, including the development of suicide prevention tools and policies.</p>
Common risk factors linked to suicide are addressed by providing early intervention and tailored support.	<p>Review self-harm pathway to improve early identification and early intervention.</p> <p>Alcohol, drugs and gambling recovery services are skilled in identifying and supporting suicide risk and working collaboratively with mental health services.</p>

	Domestic abuse is recognised as a risk factor for suicide and early support is provided for both victims and perpetrators.
Promotion of online safety and responsible media content to reduce harms and improve signposting to helpful information about suicide and self-harm prevention.	<p>Develop shared messaging around online harms and social media, to be delivered by all partners.</p> <p>Education about social media harms and safe use of social media for CYP, families and professionals who work with them. Promotion of the R;ppl browser extension across all educational establishments (schools, colleges and universities) which signposts to relevant support services instead of harmful searches.</p> <p>Work with media to ensure Samaritan’s best practice guidance is adhered to, including signposting to local crisis support when appropriate.</p>
Enabling access to effective crisis support for people who need it	<p>Promote accurately what crisis support is available and how to access it.</p> <p>Support for families and carers of people who are at risk of, or have tried to, take their own life (support those who are supporting).</p>
Reducing access to means and methods of suicide to prevent deaths.	<p>Timely surveillance and appropriate response to methods via the HIOW RTS group.</p> <p>Review of high-frequency locations in Southampton and appropriate action to reduce deaths by suicide, including inclusion of suicide risk assessment and mitigation included in planning. Collaborative working with British Transport Police and Network Rail.</p> <p>Promotion of safe prescribing, supply and storage of medicines.</p>
Continue to provide effective bereavement support to those affected by suicide.	Continue providing and improving access to bereavement support and services locally, for all age groups.
Focus on preventing suicide in children and young people.	<p>Develop suicide prevention and response plans including a prevention/postvention protocol for education settings and a HIOW RTS plan for responding to deaths by suicide in children and young people.</p> <p>Review self-harm pathways and support for young people and provide support in local Emergency Departments for young people who attend for self-harm.</p> <p>Work with Universities in Southampton to support universities to embed the Suicide-safer universities guidance, which covers both prevention of suicide and compassionate responses to suicide in universities.</p>

Delivering our strategy.

Next steps

Further details about how we will achieve the ambitions within this strategy will be described in an action plan. A multi-agency Mental Health and Wellbeing Partnership will be established to coordinate and oversee the delivery of this action plan and strategy, complementing our existing Suicide Prevention Partnership. In addition to regular oversight by these partnerships, progress will be reviewed and reported annually to the Health and Wellbeing Board. We will also share our learning and experience with stakeholders and nationally whenever possible.

Monitoring for this strategy

To demonstrate progress towards the delivery of this strategy and to monitor outcomes to inform future direction of work, a mental health and wellbeing outcome framework will be developed. We know that while outcome measures can provide a broad view of how well we are doing across the city on delivering this strategy, they rarely paint a complete picture. We will therefore also include feedback in the form of stories, case studies or feedback from people with lived/living experience, service users, and service providers where appropriate. The outcome measures will include:

Diagnosed mental health and suicide.

Rates of mental illness provided by these measures do not necessarily indicate the true number of people with poor mental health, they reflect the number who have attended services (GP, A&E or hospital) needing help and have received a diagnosis that has been recorded on an NHS system. They may therefore only reflect a proportion of those with problems. It may be that, by working on reducing the stigma associated with mental health, more people come forward for help and these numbers increase.

- Percentage of adults diagnosed with depression.
- Percentage of adults diagnosed with severe mental illness.
- Rates of death by suicide.
- Hospital admissions as a result of self-harm (10-24 years).

Self-reported mental health and wellbeing.

- Percentage of people (16+) with low happiness score.
- Percentage of people (16+) with high anxiety score.

- Young people wellbeing score on school survey (BeeWell).

Measures of impact on risk/protective factors.

- Percentage of adult carers (18+) who have as much social contact as they would like.
- Percentage of adult carers (65+) who have as much social contact as they would like.
- Percentage of adult social care users who have as much social contact as they would like (18+ years).
- Percentage of adult social care users who have as much social contact as they would like (65+ years).
- Percentage of physically active adults (age 19+).
- Percentage of physically active young people (age 5-16).
- Number of people in alcohol and drug treatment.
- Percentage of school pupils (with SEN) with social emotional and mental health needs.
- Percentage of looked after children whose emotional wellbeing is a cause of concern.

Measures of impact on wider determinants.

- Percentage of persistently absent pupils primary.
- Percentage of persistently absent pupils secondary.
- Average Attainment 8 score (GCSE).
- Percentage of 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known.
- Percentage of people aged 16 - 64 years in employment.

Engagement work and consultation.

This strategy was developed collaboratively with our partners across the city, including people with lived experience of poor mental health and/or suicide and those who have supported them. Southampton's Mental Health and Wellbeing Strategy reflects the priorities of residents with lived experiences and the aspirations of our partners and services across the city who support the mental health and wellbeing of Southampton.

Engagement with partner organisations across the city.

We have talked to partner organisations across the city via a number of engagement workshops in the early stages of strategy development to determine the shared priorities of the city. During these sessions we spoke with service providers, the voluntary community sector, charities and the Southampton Mental Health Network. We worked with attendees to identify their shared priorities and commitments and began to map assets across the city to identify what is working well and what more may be required.

Engagement with key stakeholders within the Council.

To emphasise a focus on the risk and protective factors of mental health we have talked to key individuals and services across the Council who can influence on the wider determinants of resident's health. We have also spoken with key Boards and groups to develop priorities and ensure the voices of the residents they work to represent are heard.

Engagement with people with experience of mental health and suicide.

In order to truly reflect the priorities of residents across the city, we have talked to people across the city who have lived experience of poor mental health and suicide. People with lived experience have shared their experiences to inform the development of the strategic priorities. This has been through engagement forums such as the initial workshops, peer support groups, young peoples' participation groups and engagement sessions within care settings such as Natalie House. People with lived experience have also supported the development of the strategic vision, our approach and the principles identified in this strategy.

Links with existing plans and strategies.

- [Health and Wellbeing Strategy \(2017-2025\)](#)
- [Southampton City Council Corporate Plan \(2022-2030\)](#)
- [Children and Young People's Strategy \(2022-2027\)](#)
- [Southampton City Children and Young People's Emotional and Mental Health Wellbeing Plan – 2022 refresh](#)
- [Prevention and Early Intervention priorities \(2022-27\)](#)

- [Early Years priorities \(2022-27\)](#)
- [Children in our care: Our Corporate Parenting Plan \(2022-2027\)](#)
- [Tobacco, Alcohol and Drugs Strategy 2023-2028](#)
- [Physical Activity and Sports \('We Can Be Active'\) Strategy \(2022\)](#)
- [Adult Carers Strategy 2021-26](#)
- [Young Carers Strategy 2021-26](#)
- [Domestic Abuse and Violence Against Women and Girls Strategy 2023-2028](#)
- [Homelessness Prevention Strategy \(2018-2023\)](#)
- [Cultural Strategy \(2021-2031\)](#)
- CVD prevention local delivery action plan (awaited)
- Southampton Trauma Informed Practice Concordat Delivery Framework (awaited)

Glossary of terms used in this strategy

People with lived experience: Also called people with living experience or people with experience. These are people who either are or have been affected in some way by poor mental health or suicide in themselves or someone they are close to.

Wider determinants: These are the social, economic and environmental factors which impact on people's physical and mental health. They are like the building blocks of health. To create a healthy society that supports mental health and wellbeing we need the right building blocks in place like quality housing, good education and stable jobs. These will allow people to withstand the shocks and challenges of life.

Inequalities: Not everybody has the same amounts of money, power or resources in their lives because these are not fairly distributed across society. This means that some people face more challenges than others which impacts their physical, social and mental health.

Deprivation: In health and social care, deprivation usually refers to lacking income, employment, education, health, housing, or could relate to higher local crime levels, barriers to services, or quality of outside space. When the term poverty is used, it usually refers to low income.

LGBTQIA+: People who are lesbian, gay, bisexual, transgender, queer or questioning, intersex, or asexual (LGBTQIA+)

Trauma: Often defined as an experience that happens in a person's life resulting in physical, mental, or emotional harm. This can be a single event or series of events like being a victim of sexual or other abuse or can be due to a person's circumstances such as experiencing ongoing trauma from racism or discrimination or trauma from the stigma of having a mental health illness. All these causes of trauma can have negative impacts on physical, social and mental health.

Adverse Childhood Experiences (ACEs): Highly stressful and potentially traumatic events or situations that occur in childhood and/or adolescence. These can include neglect as well as physical, sexual and emotional abuse.

Trauma Informed Practice: This is an approach that thinks about all the ways a person can have experienced trauma in their lives and how this can affect them physically, socially and mentally. If people in services are trained in this approach, they can help people recover from this trauma.

Systemic racism: Sometimes called Institutional racism. Policies and practices that exist throughout societies or organisations that result in and support a continued unfair advantage to some people, and a harmful and unfair treatment of others, based on race.

Community trauma: Also called collective trauma. It relates to a shared experience that affects a whole community rather than an individual. Examples are racism, slavery, forcible removal from a family or community, genocide or war.

Holistic: This is taking into account the whole person, both physically and mentally, and providing care and support for all their needs.

Early intervention: This means identifying and providing early support to people who may be at risk of poorer mental health and wellbeing. It can also mean providing support at an earlier age to mitigate the factors that could contribute to poor mental health and wellbeing later in life.

Real Time Surveillances (RTS): This is a system for monitoring suspected deaths by suicide captured from police data in real time. This up-to-date information about suicide in our area helps to identify and implement support to prevent suicide in a timely manner.

Postvention: This refers to interventions provided for people who have been impacted by suicide. This aims to reduce risk of further deaths by suicide and also to help bereavement and healing. Postvention can be aimed at anyone who has been impacted by the death, including family, friends, work colleagues, communities, first responders etc.

Anchor Institutions: Anchor Institutions are large organisations that are unlikely to relocate and have a significant stake in local communities, effectively anchored in their surrounding areas. They usually employ a lot of people and have sizeable assets that can be used to support local community health and wellbeing, including tackling inequalities.

Ripple browser extension: This is a software tool that provides mental health resources to people who are searching for harmful online content relating to suicide and self-harm.

Data included in this strategy can be found on the Southampton City Council Data Observatory [Homepage \(southampton.gov.uk\)](https://www.southampton.gov.uk)

If you need help with your mental health a list of local, national and online mental health support services and resources on our website:
<https://www.southampton.gov.uk/mental-health>

If you, or someone you know, are experiencing an emotional crisis, phone Samaritans for free from any phone on 116 123.

[END]