



# Draft Mental Health & Wellbeing Strategy consultation report

**southampton**  
**dataobservatory**



Data, Intelligence & Insight Team | *February 2024*

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Southampton City Council undertook a public consultation on a draft Mental Health & Wellbeing Strategy.

This consultation took place between **24/11/2023** – **18/01/2024** and received **191** responses.

The aim of this consultation was to:

- Communicate clearly to residents and stakeholders the proposals for the Mental Health & Wellbeing Strategy;
- Ensure any resident, business or stakeholder in Southampton that wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have, and;
- Allow participants to propose alternative suggestions for consideration which they feel could achieve the objectives of the strategy in a different way.

The primary method of gathering feedback for this consultation was via online questionnaire, distributed by public health networks, stakeholder groups, and on social media. Physical paper versions of the questionnaire were also made available, and respondents could also email [yourcity.yoursay@southampton.gov.uk](mailto:yourcity.yoursay@southampton.gov.uk) with their feedback, as well as respond by post.

This report summarises the aims, principles, methodology and results of the public consultation. It provides a summary of the consultation responses both for the consideration of decision makers and any interested individuals and stakeholders.

It is important to be mindful that a consultation is not a vote, it is an opportunity for stakeholders to express their views, concerns and alternatives to a proposal. This report outlines in detail the representations made during the consultation period so that decision makers can consider what has been said alongside other information.



Southampton City Council is committed to consultations of the highest standard and which are meaningful and comply with the *Gunning Principles*, considered to be the legal standard for consultations:

1. Proposals are still at a formative stage (a final decision has not yet been made);
2. There is sufficient information put forward in the proposals to allow 'intelligent consideration';
3. There is adequate time for consideration and response, and;
4. Conscientious consideration must be given to the consultation responses before a decision is made.



New Conversations 2.0  
LGA guide to engagement



## Rules: The Gunning Principles

They were coined by Stephen Sedley QC in a court case in 1985 relating to a school closure consultation (R v London Borough of Brent ex parte Gunning). Prior to this, very little consideration had been given to the laws of consultation. Sedley defined that a consultation is only legitimate when these four principles are met:

- 1. proposals are still at a formative stage**  
A final decision has not yet been made, or predetermined, by the decision makers
- 2. there is sufficient information to give 'intelligent consideration'**  
The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
- 3. there is adequate time for consideration and response**  
There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation,<sup>1</sup> despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation
- 4. 'conscientious consideration' must be given to the consultation responses before a decision is made**  
Decision-makers should be able to provide evidence that they took consultation responses into account

These principles were reinforced in 2001 in the 'Coughlan Case (R v North and East Devon Health Authority ex parte Coughlan<sup>2</sup>), which involved a health authority closure and confirmed that they applied to all consultations, and then in a Supreme Court case in 2014 (R ex parte Moseley v LB Haringey<sup>3</sup>), which endorsed the legal standing of the four principles. Since then, the Gunning Principles have formed a strong legal foundation from which the legitimacy of public consultations is assessed, and are frequently referred to as a legal basis for judicial review decisions.<sup>4</sup>

<sup>1</sup> In some local authorities, their local voluntary Compact agreement with the third sector may specify the length of time they are required to consult for. However, in many cases, the Compact is either inactive or has been cancelled so the consultation timeframe is open to debate

<sup>2</sup> BAILII, England and Wales Court of Appeal (Civil Decision) Decisions, Accessed: 13 December 2016.

<sup>3</sup> BAILII, United Kingdom Supreme Court, Accessed: 13 December 2016

<sup>4</sup> The information used to produce this document has been taken from the Law of Consultation training course provided by The Consultation Institute



The agreed approach for this consultation was to use an online questionnaire as the main route for feedback; questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured way, helping to ensure respondents are aware of the background and detail of the proposals.

Respondents could also write letters or emails to provide feedback on the proposals: emails or letters from stakeholders that contained consultation feedback were collated and analysed as a part of the overall consultation.

The consultation was promoted in the following ways:

- Press release;
- Council e-bulletins;
- Social media channels;
- Stakeholder forums;
- Southampton City Council website.

All questionnaire results have been analysed and presented in graphs within this report. Respondents were also given opportunities throughout the questionnaire to provide written feedback on the proposals. All written responses and questionnaire comments have been read and then assigned to categories based upon sentiment or theme.

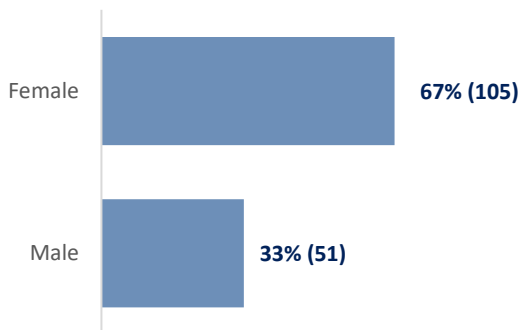


## Total responses

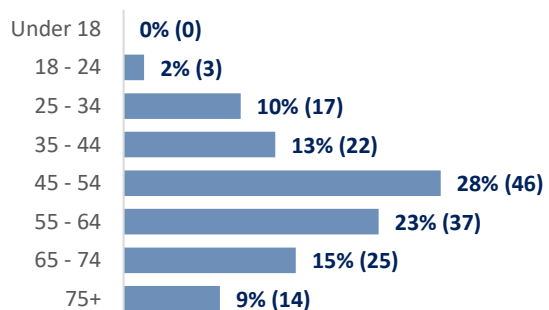
184 survey responses  
7 email/letter responses  
191 total

Graphs on this page are labelled as percentage (count).

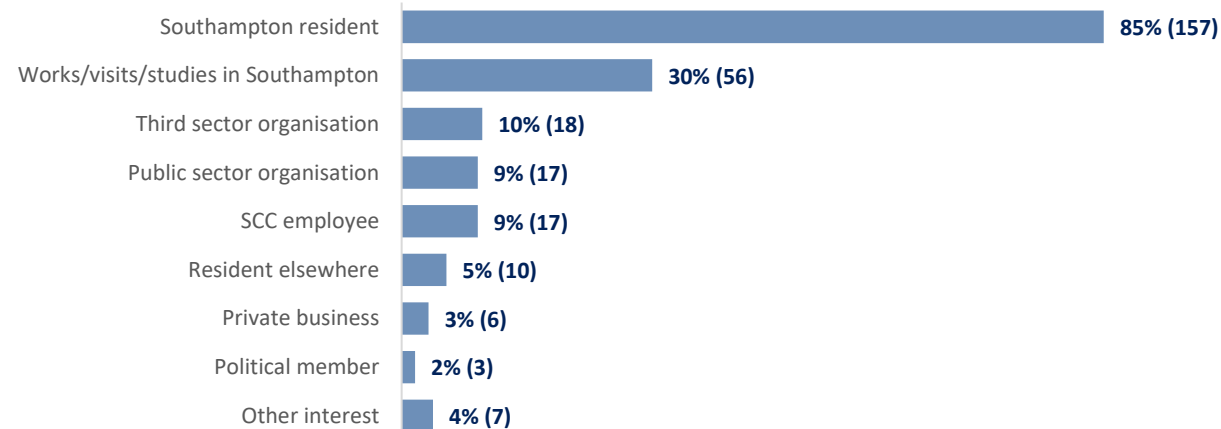
### Sex



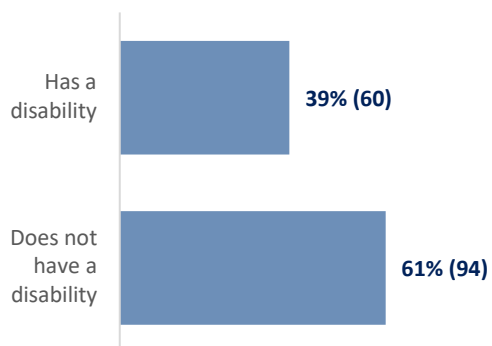
### Age



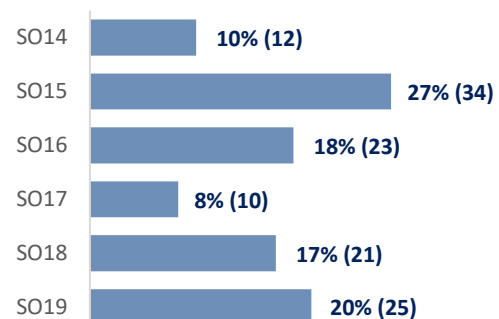
## Interest in the consultation



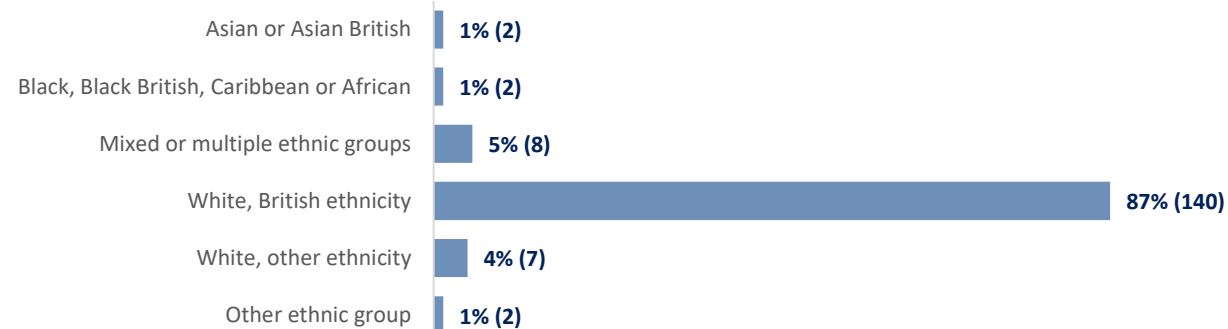
### Disability



### Postcode



### Ethnicity





# Consultation feedback

Vision statement & overall priorities





This is a draft 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 vision for the draft strategy is:

*“People in Southampton will 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.

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.

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.

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.

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.

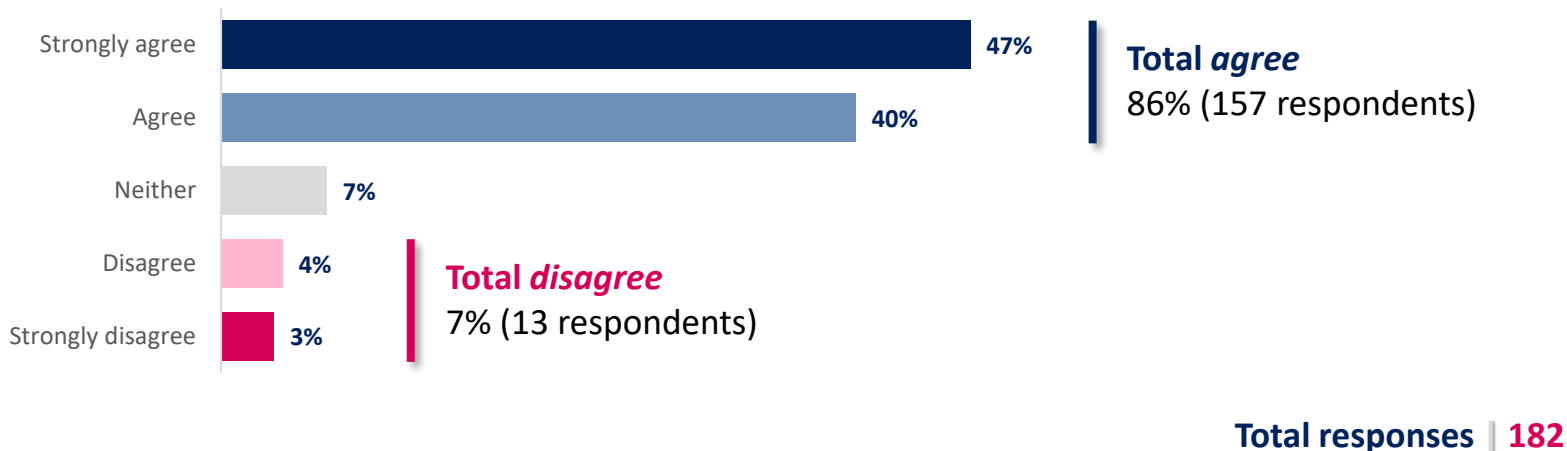
Our actions align to six priority areas:

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. People have equal opportunity to have positive mental health and wellbeing and equal opportunity to benefit from support when it is needed.
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.

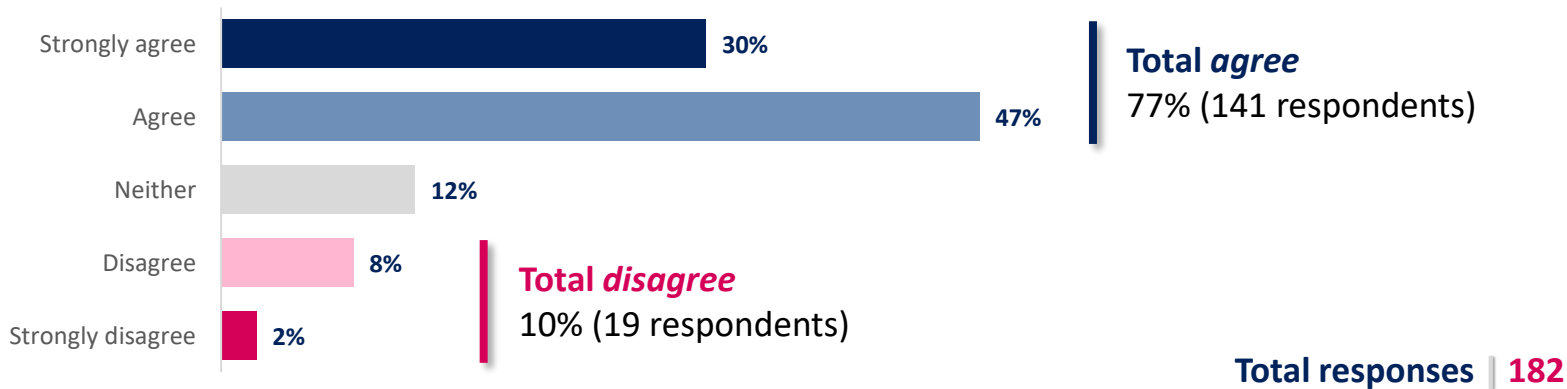




**Question 1** | To what extent do you agree or disagree with the focus of the proposed vision and six priority areas overall?



**Question 2** | To what extent do you agree or disagree that the proposed vision and six priority areas are clear and easy to understand?



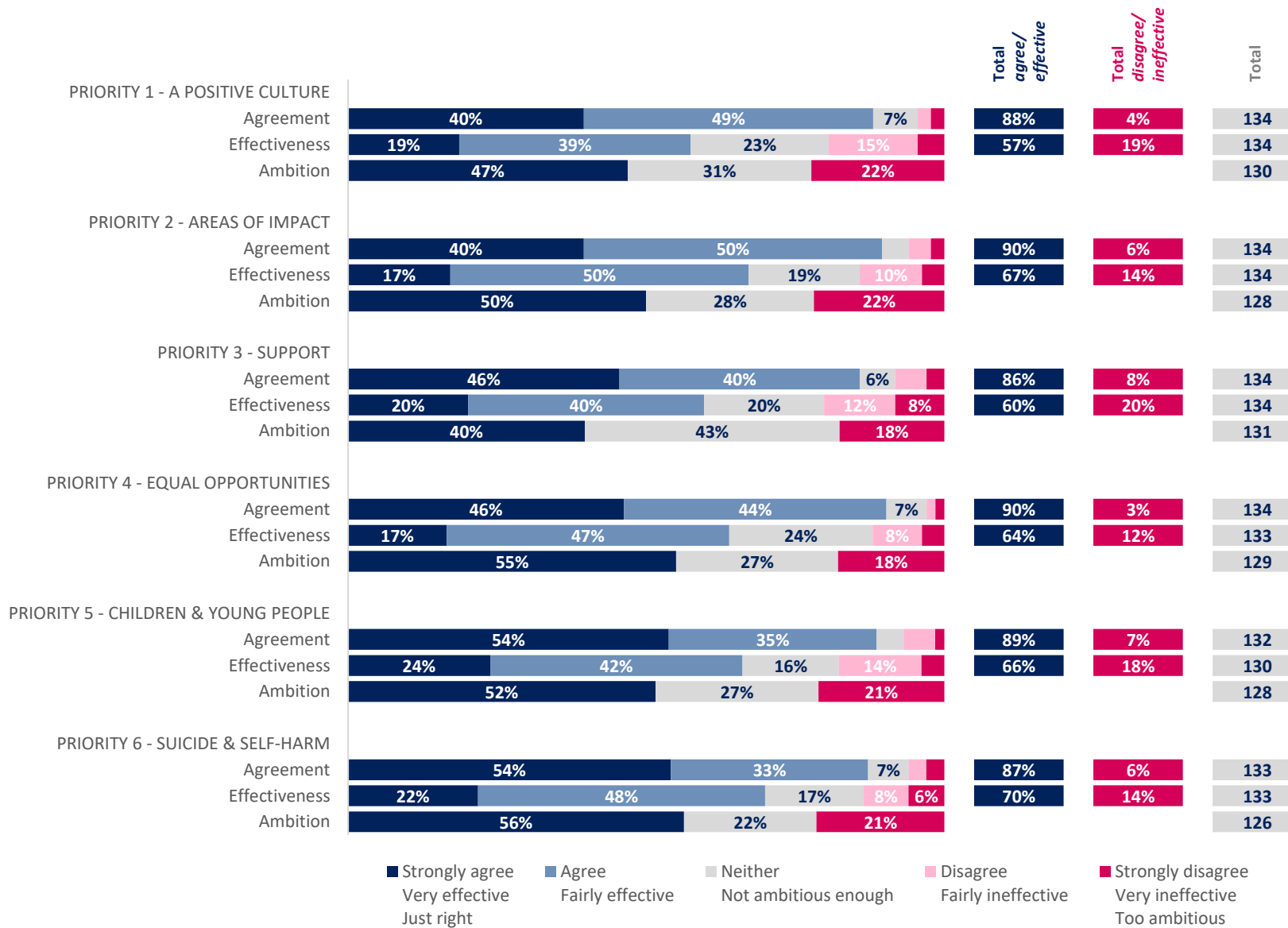
## Key findings

- 86% of respondents said they agreed with the draft vision and the priorities overall, including 47% that said they strongly agreed
- All breakdowns responded similarly, between 80% and 93% agree
- 77% of respondents agreed that the draft strategy was clear and easy to understand



# Summary of feedback on the priorities

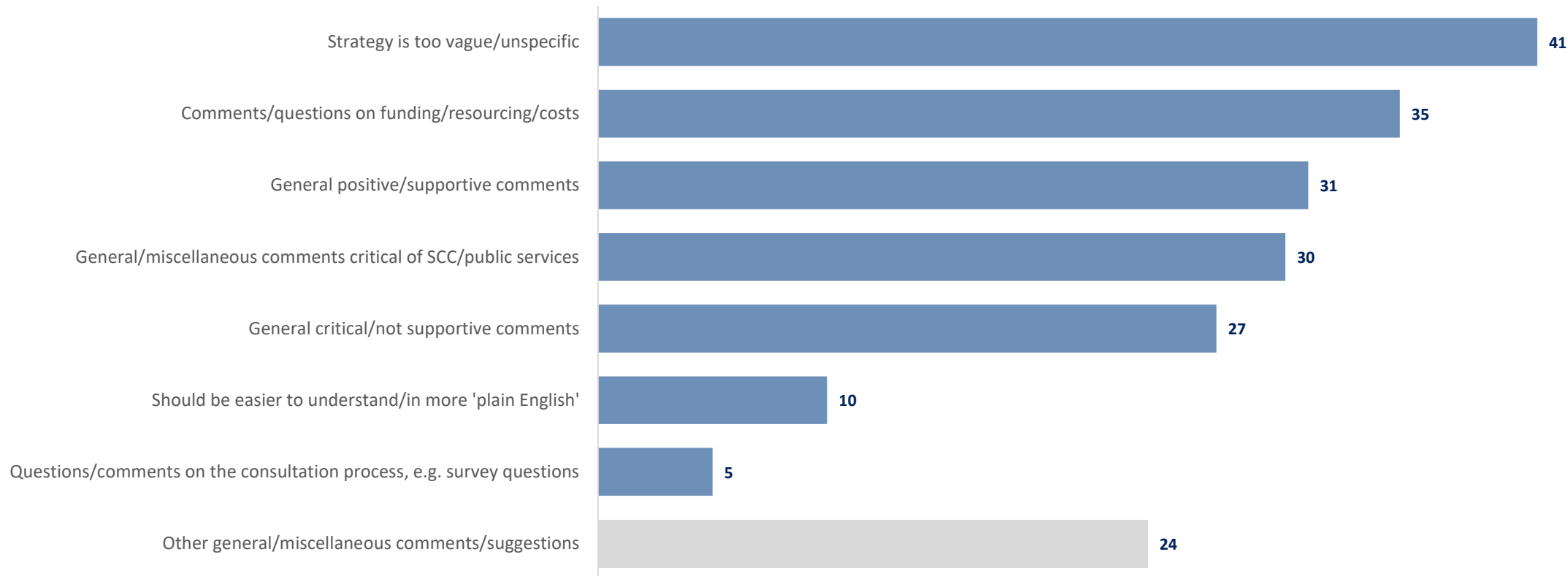
If you need someone to talk to, you can contact Southampton Samaritans (116 123) or Solent Mind (text 'lighthouse' to 07451 276 010)





# Free-text comments on the draft strategy overall\*

\*Number of comments per comment theme.





# Consultation feedback

## Priorities





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.

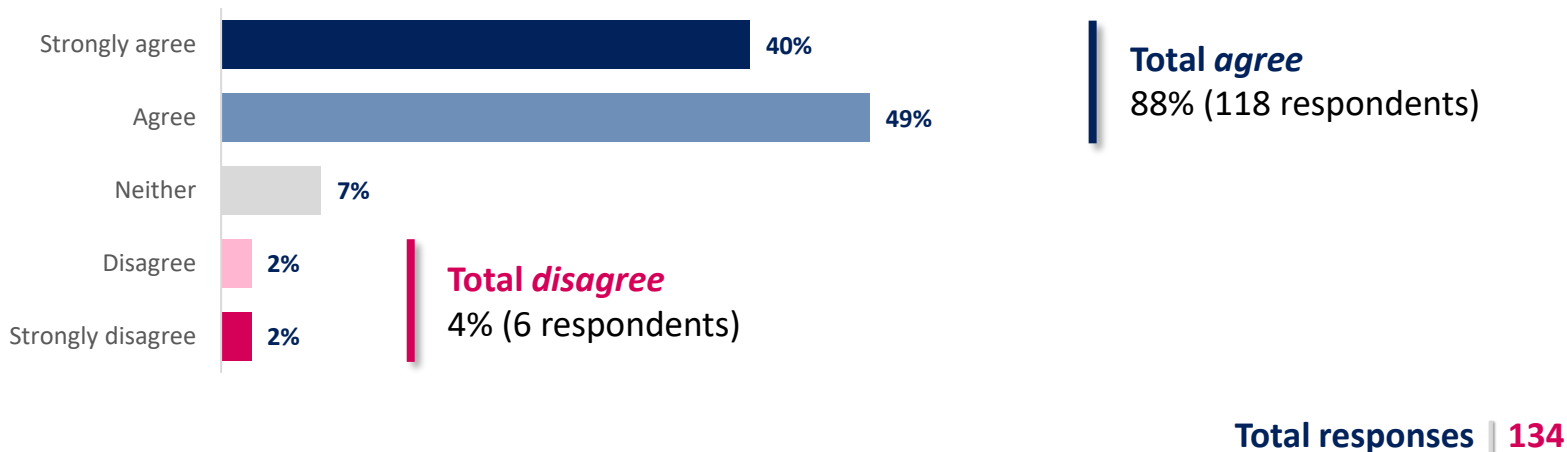
A city that promotes mental health and wellbeing needs to recognise and overcome stigma, discrimination, racism and promote inclusivity for everyone. It needs to celebrate the city and communities within it and the mental health of people who live and work here.

## What do we want to achieve?

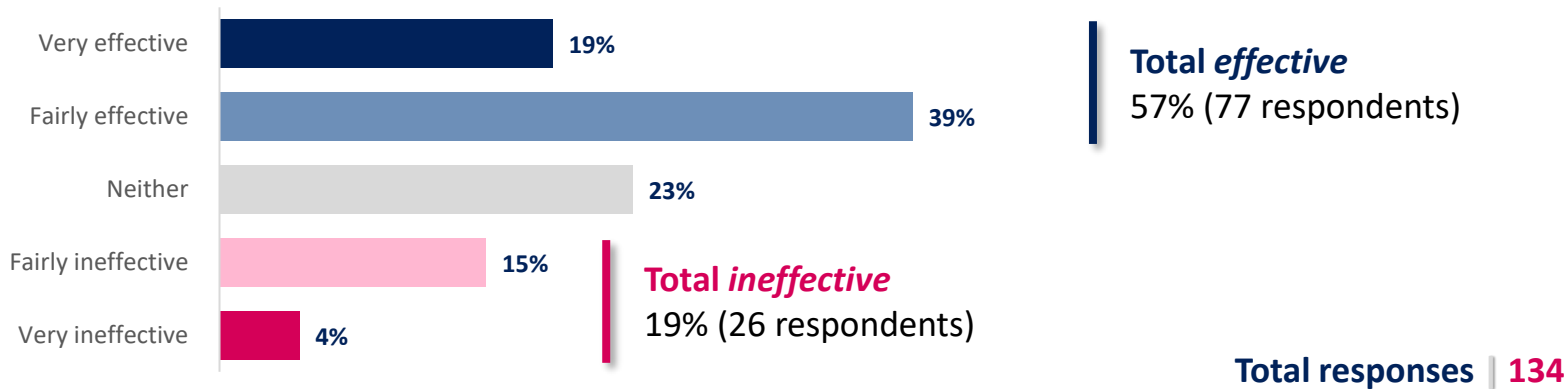
- Southampton is a place where everyone can benefit from our city-wide commitment to mental health and wellbeing
- People with lived experience are at the heart of our work and decision making around mental health and wellbeing
- We all share agreed language about mental health and wellbeing that includes, values and respects people
- We will increase awareness and inclusivity and reduce stigma and discrimination
- We are promoting positive messaging about mental health and wellbeing
- Workplaces in Southampton are committed to improving the mental health and wellbeing of their staff
- There will be strong leadership in mental health and wellbeing



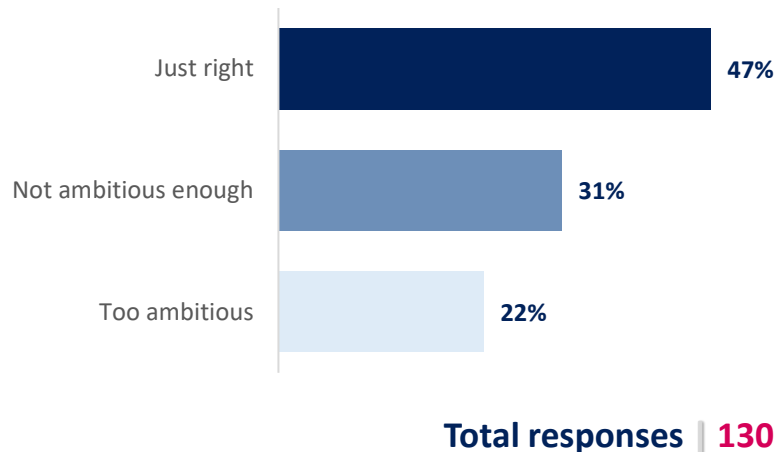
**Question 5** | To what extent do you agree or disagree with the proposals for this priority?



**Question 6** | How effective do you feel these proposals would be towards achieving this priority?



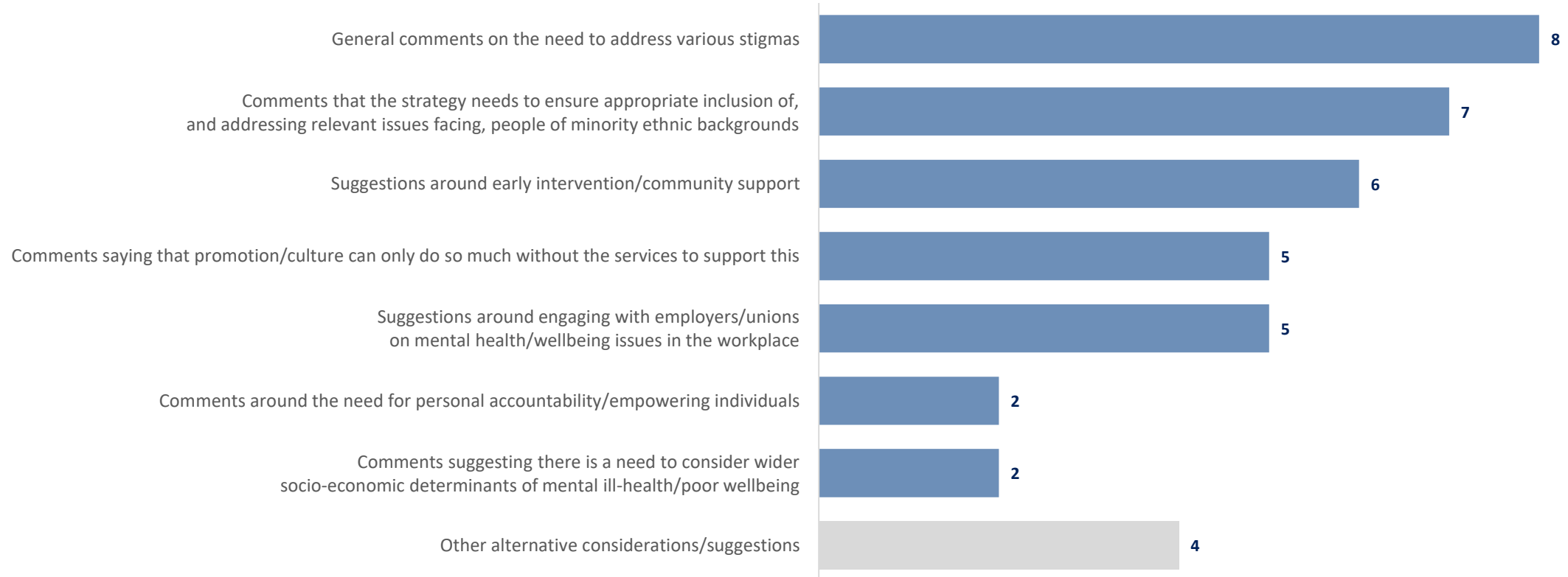
**Question 7** | How ambitious do you feel our plans are?



### Key findings

- 88% of respondents said that they agreed with the proposals regarding this priority, including 40% that said they strongly agreed
- 57% of respondents said this part of the draft strategy would be effective if implemented, less than the 88% that said they agreed with this element overall
- More responded neither (23%) than responded *ineffective* (19%)
- 47% said that this priority had the right amount of ambition

*\*Number of comments per comment theme.*





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 means this is not the case. A focus on these building blocks means improving people's opportunities for things like education, employment, and 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.

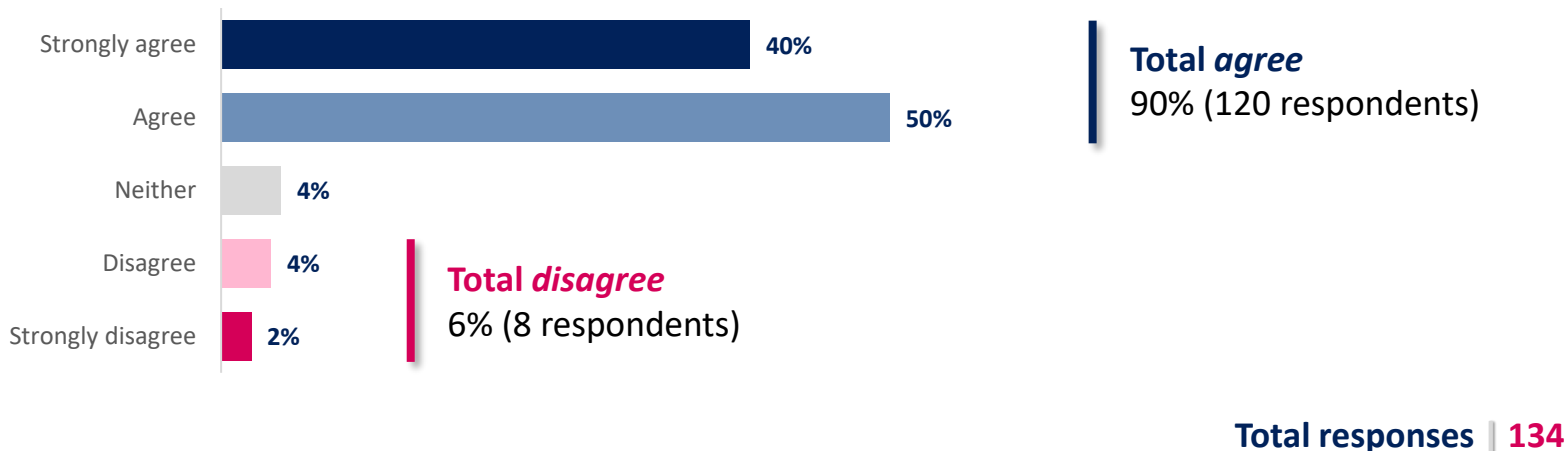
### What do we want to achieve?

- Conditions in which people live and the opportunities for education and employment in Southampton are improved, and this will reduce inequality
- Everyone in Southampton can enjoy and benefit from things that improve mental health and wellbeing
- People are supported to build social connections
- People can access advice about managing the cost of living and the mental health impacts of financial anxiety and food insecurity

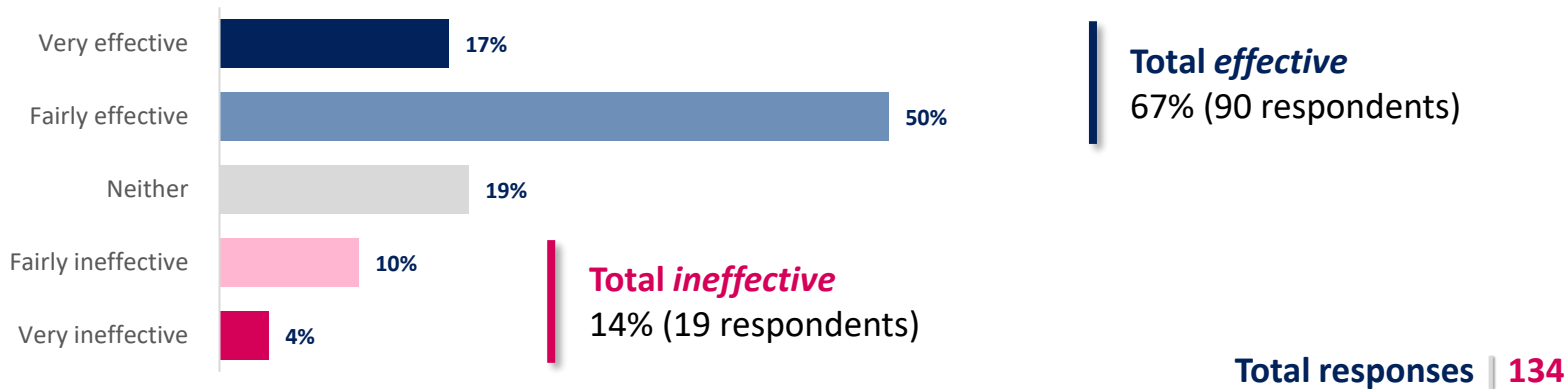




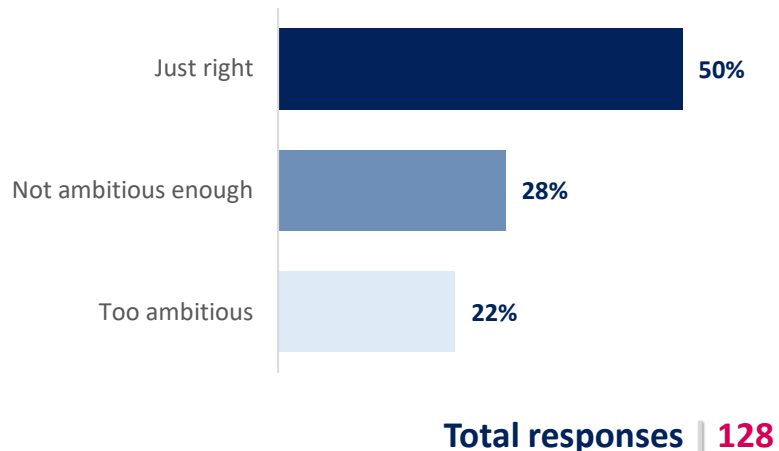
**Question 9** | To what extent do you agree or disagree with the proposals for this priority?



**Question 10** | How effective do you feel these proposals would be towards achieving this priority?



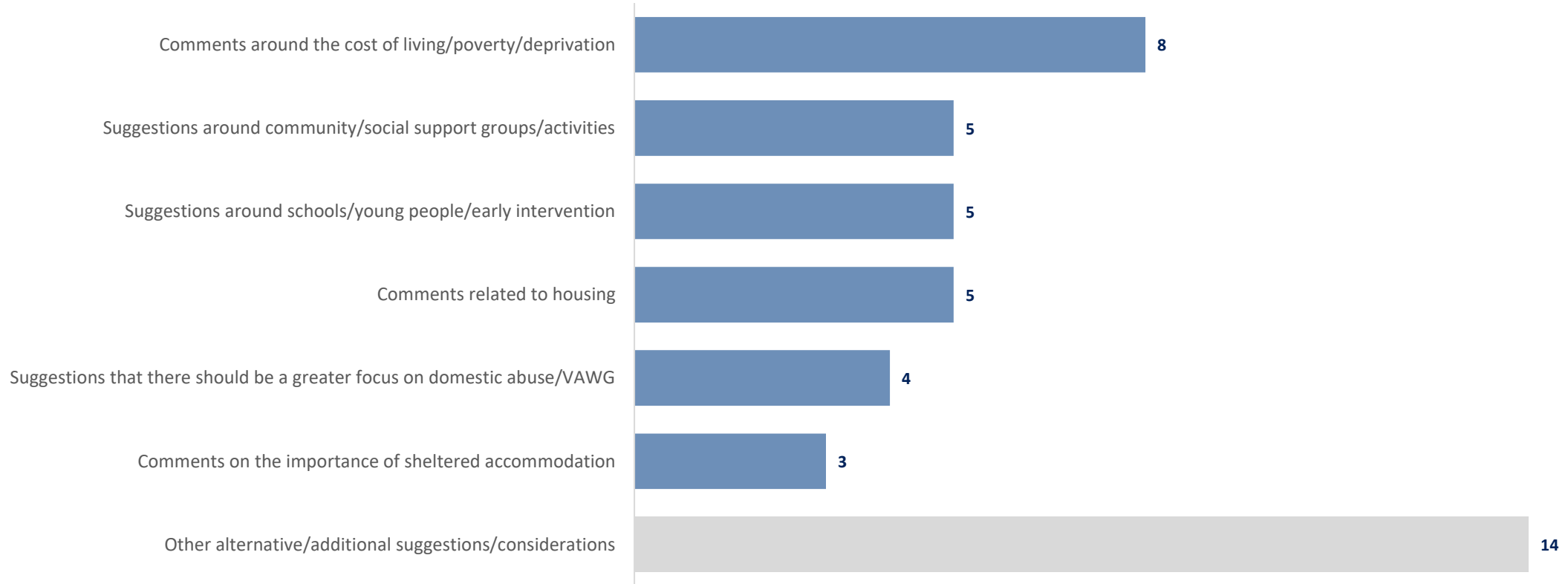
**Question 11** | How ambitious do you feel our plans are?



### Key findings

- 90% of respondents said that they agreed with the proposals for this priority
- 67% said that the proposals on this priority would be *effective*, again, less than the 90% that said they agreed with the proposals generally
- Again, all breakdowns responded similarly, responding *effective* between 59% and 71%
- 50% said that the proposals for this priority had the right levels of ambition

*\*Number of comments per comment theme.*





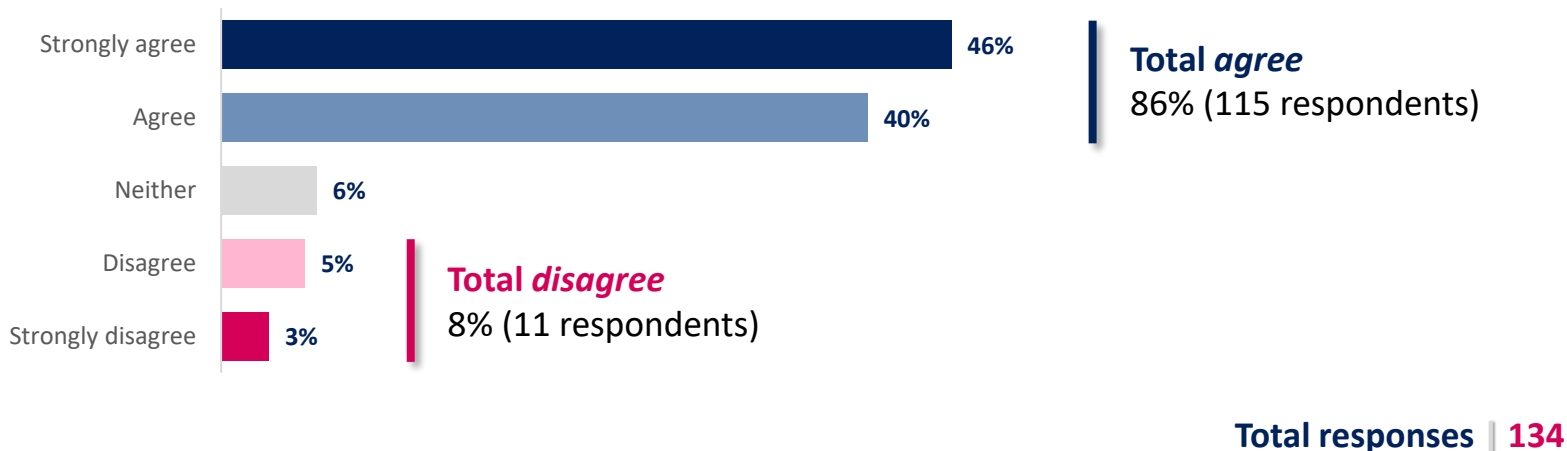
This strategy strives to promote mental wellbeing and to prevent poor mental health in everyone. However, there will be times when support is needed, and people should be able to access appropriate levels of support at the right time. This should include support in the community as well as specialist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

### What do we want to achieve?

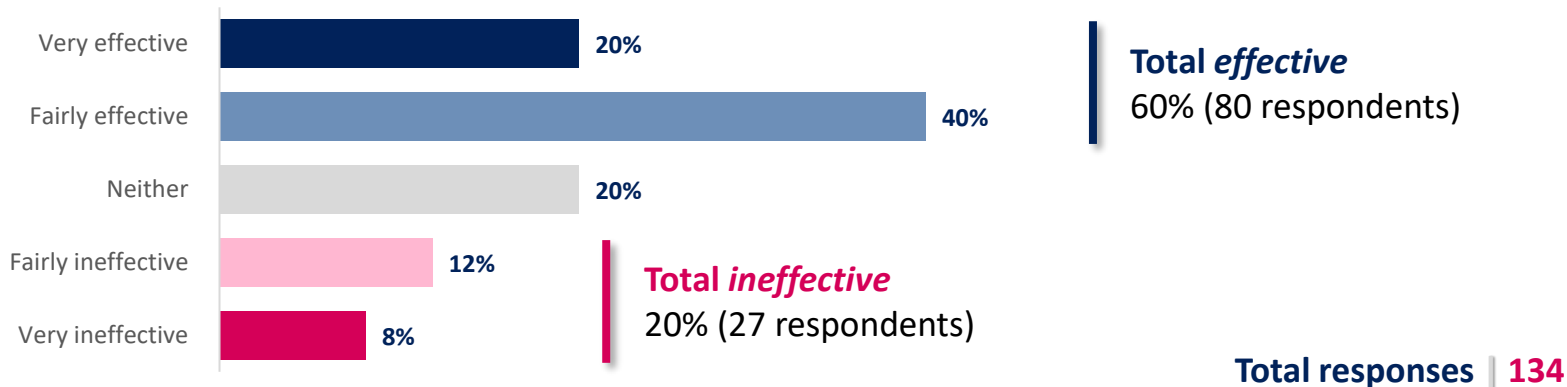
- Communities support the mental health and wellbeing of their residents
- A broad range of support for mental health and wellbeing is available to people before they need specialist services
- If people need help, they are able to access mental health services or crisis support.



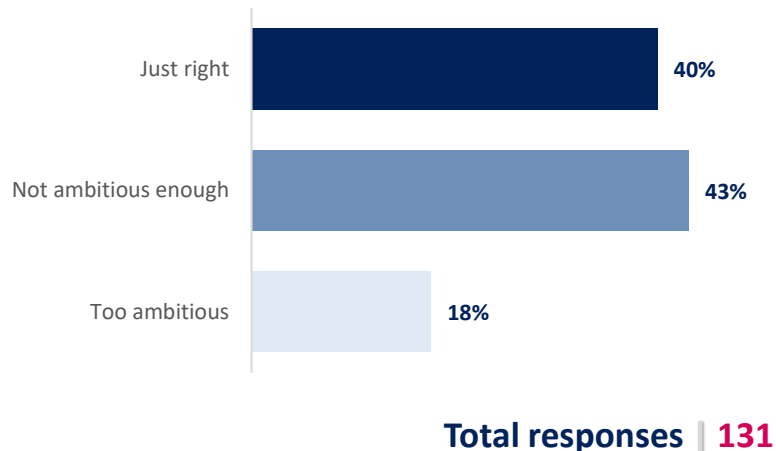
**Question 13** | To what extent do you agree or disagree with the proposals for this priority?



**Question 14** | How effective do you feel these proposals would be towards achieving this priority?



**Question 15** | How ambitious do you feel our plans are?

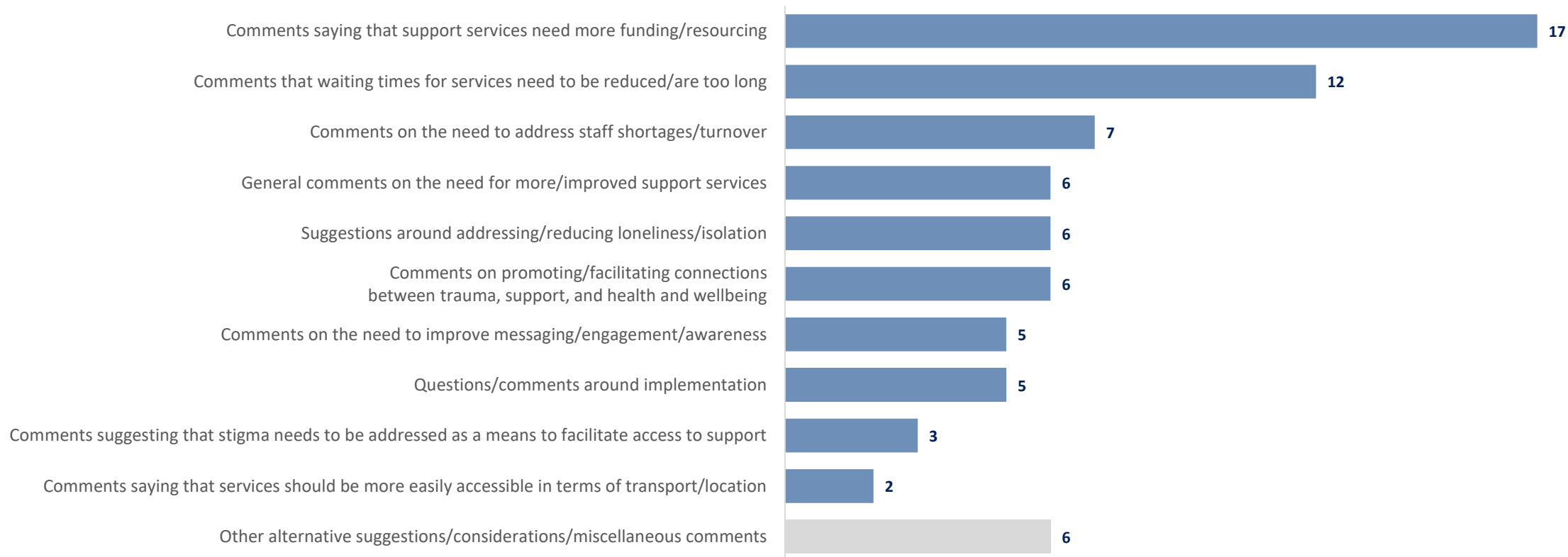


### Key findings

- 86% agreed with the proposals for this priority, including 46% that said they strongly agreed
- 60% said the proposals for this priority would be effective, again, less than the 86% that said they agreed with the proposals generally
- Responses overall were split between just right (40%) and not ambitious enough (43%)



*\*Number of comments per comment theme.*





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.

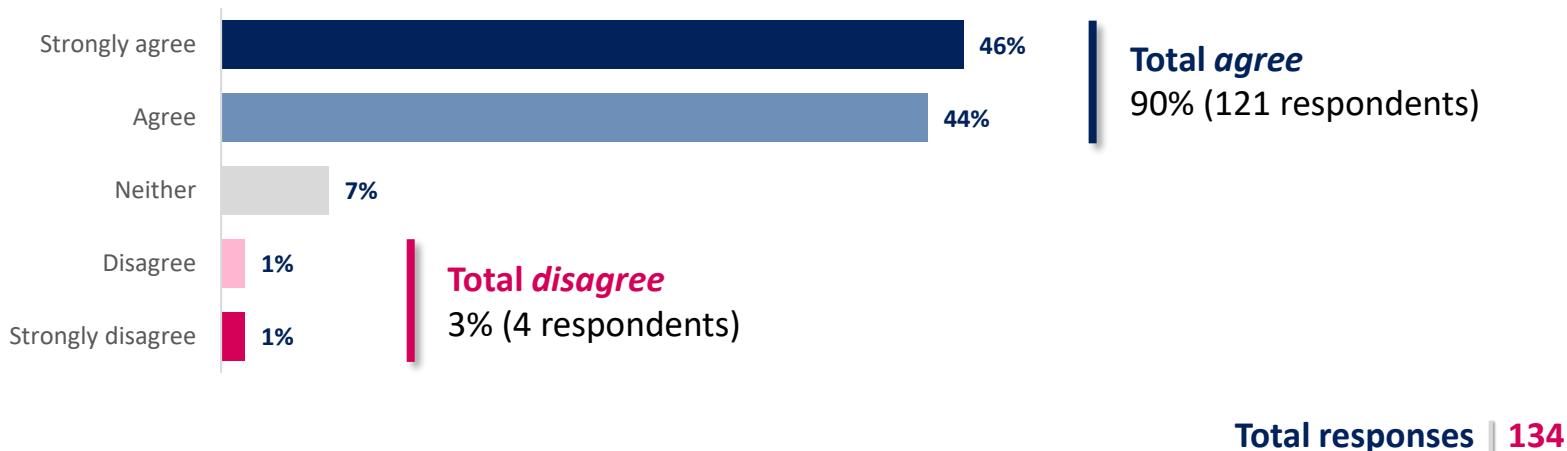
This strategy does not include preventing dementia as a disease because this is included in cardiovascular disease prevention. However, dementia can be associated with poor mental health, and people with dementia may benefit from the same mental health and wellbeing support as others.

### What do we want to achieve?

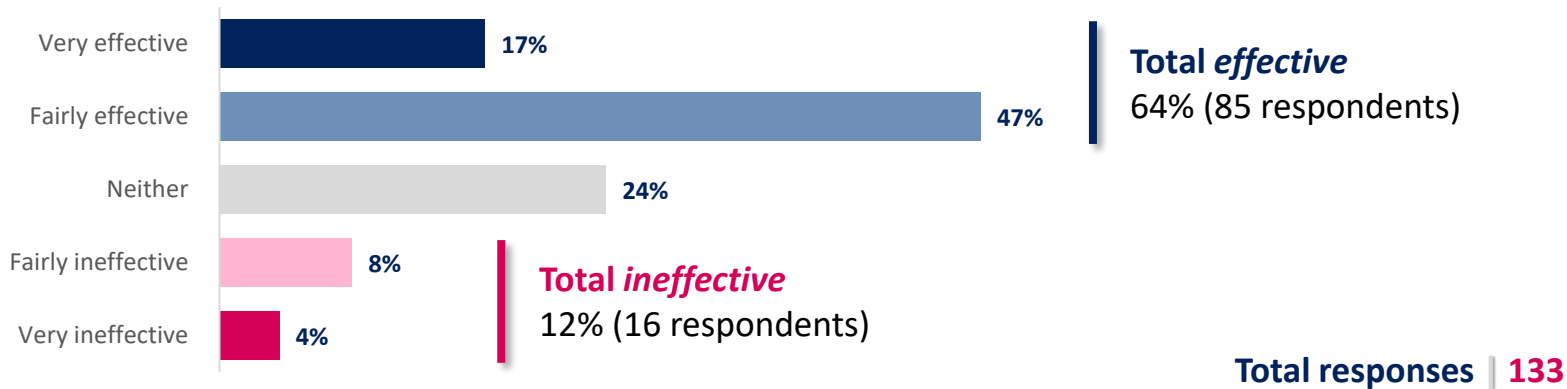
- Inequalities in mental health and wellbeing are reduced
- The mental health and wellbeing needs of people from different ethnic and cultural backgrounds are met and they are supported in the way that is right for them
- The needs of people with mental health problems are holistically met, reducing the inequality in health and wellbeing



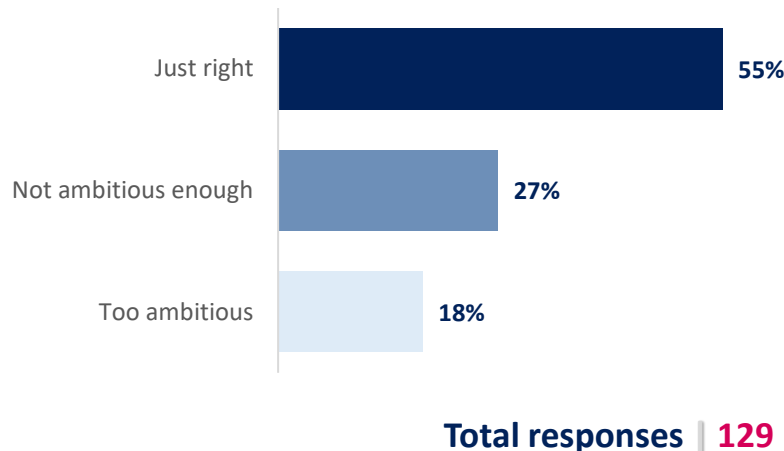
**Question 17** | To what extent do you agree or disagree with the proposals for this priority?



**Question 18** | How effective do you feel these proposals would be towards achieving this priority?



**Question 19** | How ambitious do you feel our plans are?



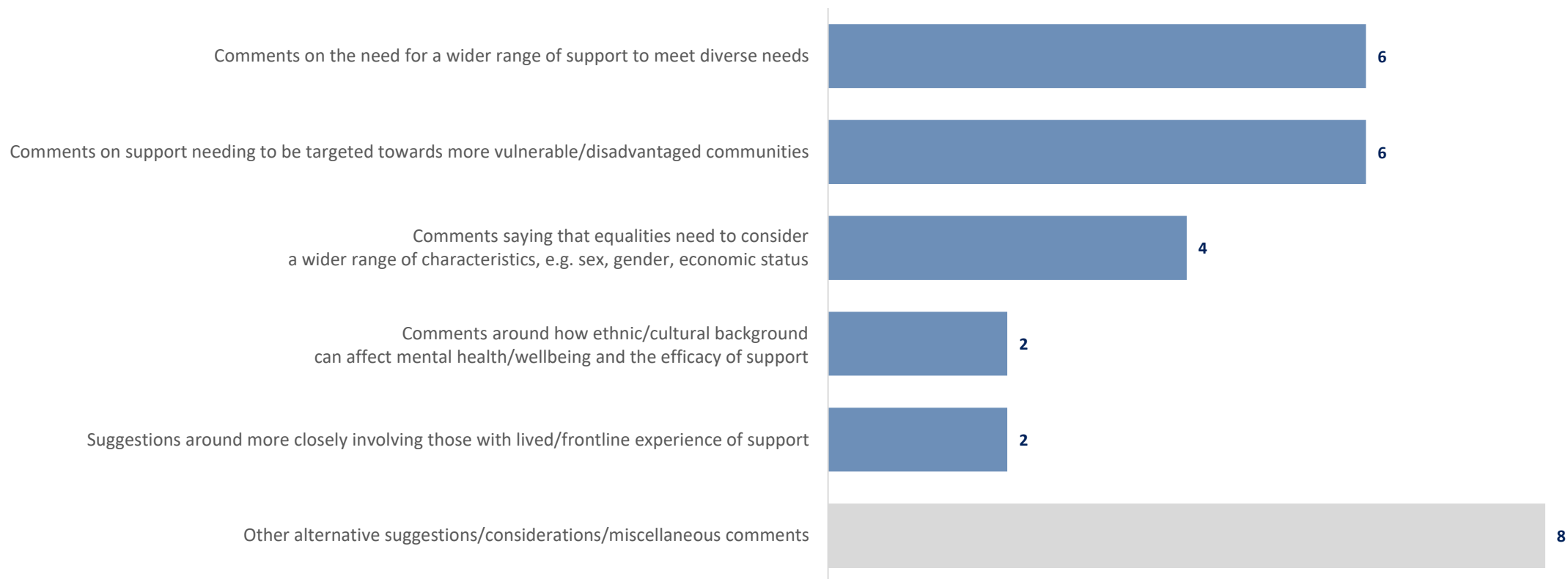
### Key findings

- 90% of respondents agreed with this priority, including 46% that said they strongly agreed
- 64% said these proposals would be *effective* if implemented, with a quarter (24%) saying they would be neither *effective* or *ineffective*
- As with the other priorities, less said these proposals would be effective than the 90% that agreed with them overall
- Overall responses were 55% just right, with all breakdowns responding similarly



# Priority 4 – Equal opportunities free-text comments\*

\*Number of comments per comment theme.



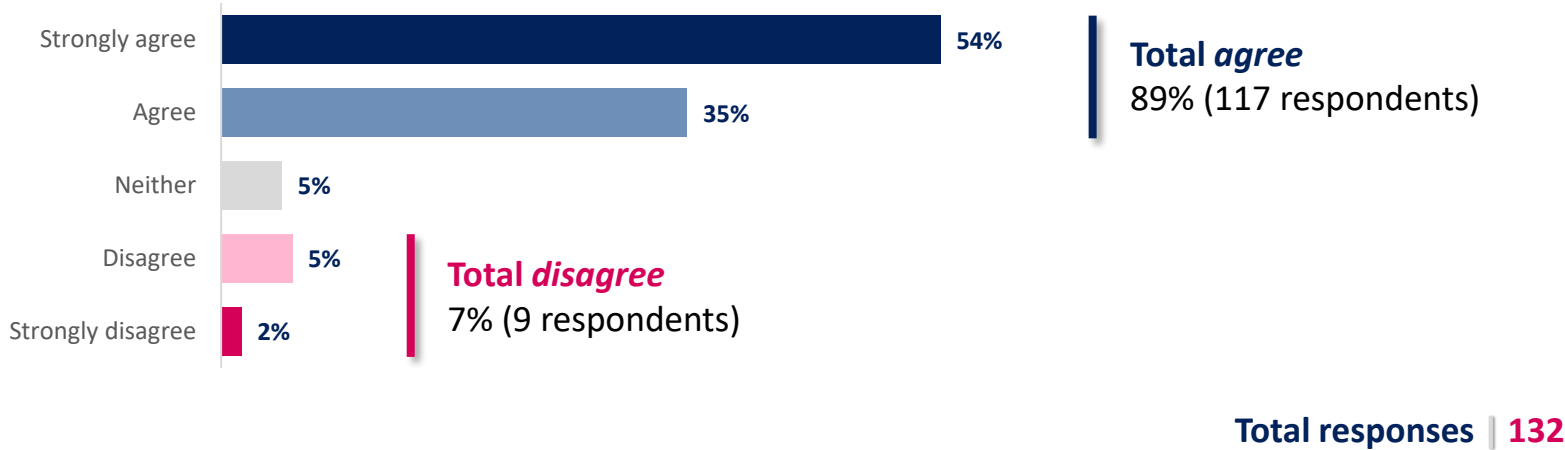


Putting in the ingredients for positive mental health and wellbeing needs to start in the early years. We know that half of mental health problems are established by age 14 and three quarters by age 24. We also know that the mental health of parents and carers has a significant impact on children and 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.

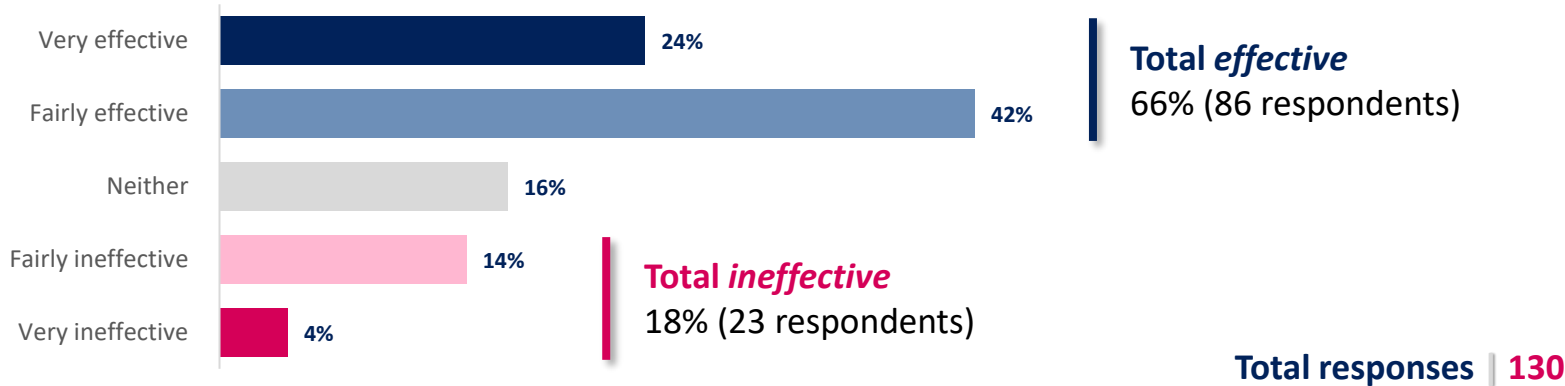
## What do we want to achieve?

- Positive perinatal mental health and wellbeing for all the family
- Parents, carers and families can access a wide range of support in their communities
- A positive concept of emotional and mental health will be promoted and children and young people are able to have healthy conversations about emotions
- 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
- Children, young people and families are supported through transitions, both in their development and between services
- Parents, carers and families who provide support for a child or young person are given the tools and support they need

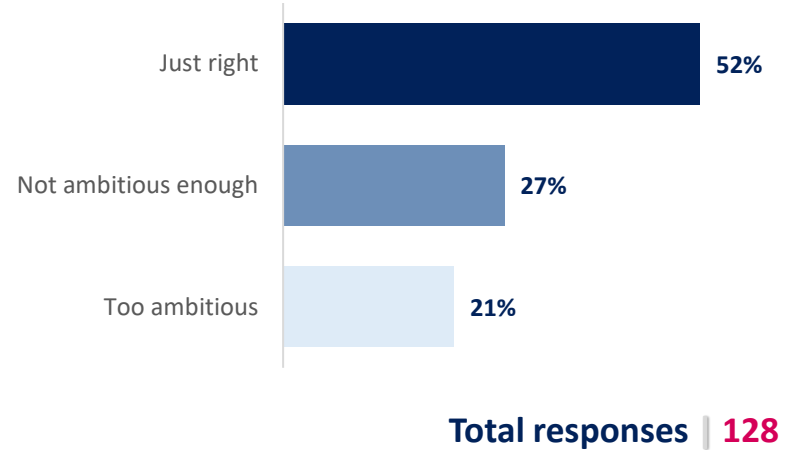
**Question 21** | To what extent do you agree or disagree with the proposals for this priority?



**Question 22** | How effective do you feel these proposals would be towards achieving this priority?



**Question 23** | How ambitious do you feel our plans are?

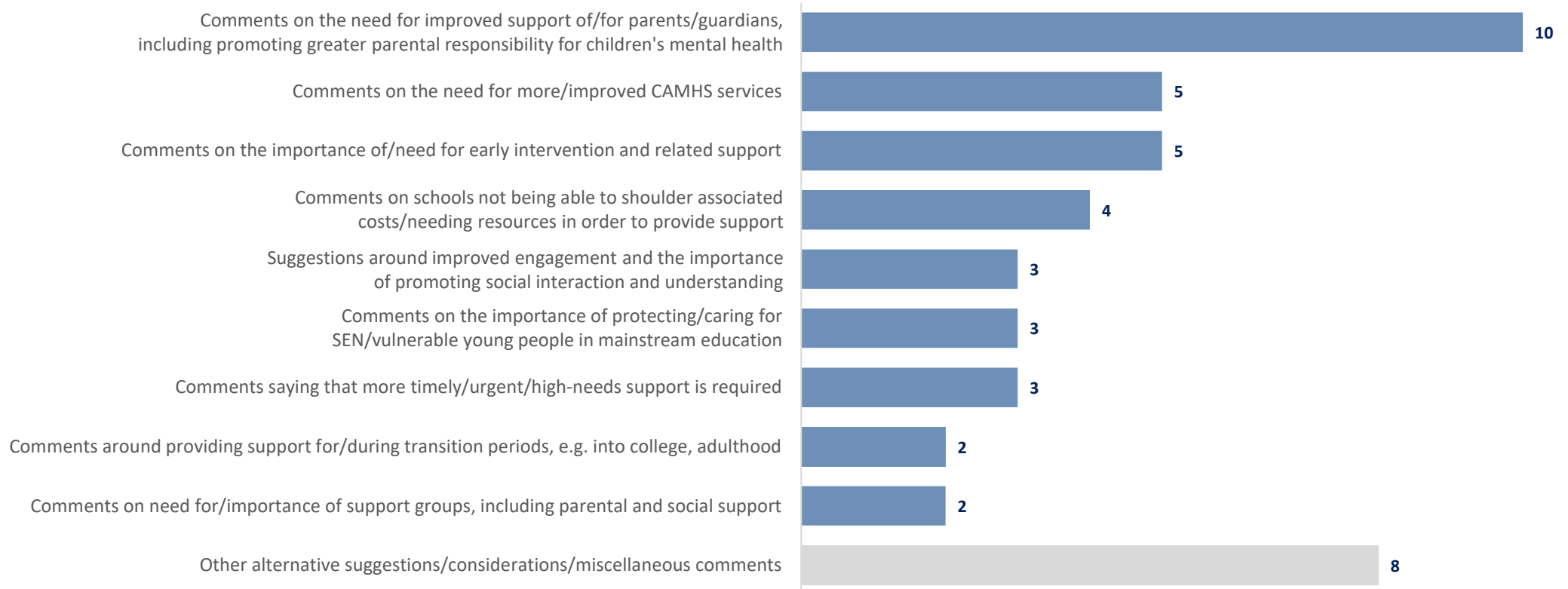


**Key findings**

- 89% said that they agreed with this priority, including 54% that said they strongly agreed
- 66% of respondents said that the proposals for this priority would be *effective* if implemented, again, less than the 89% that said they agreed with the priority
- 52% said the level of ambition was just right



\*Number of comments per comment theme.





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. 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 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 LGBTIQ+

## What do we want to achieve?

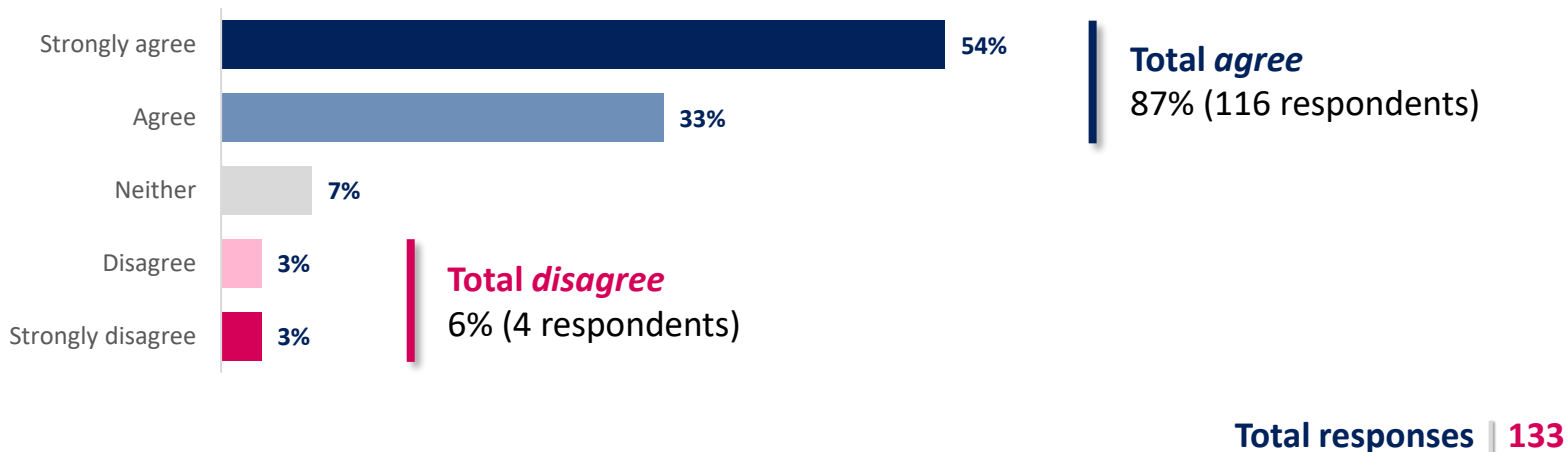
- Partners across the city will work together to make suicide prevention everyone's business and maximise collective impact to prevent suicide and self-harm
- Improved data and evidence so that effective, evidence-informed and timely interventions continue to be adapted
- Provision of tailored support to priority groups, including those at higher risk
- Common risk factors linked to suicide are addressed by providing early intervention and tailored support
- Promotion of online safety and responsible media content to reduce harms and improve signposting to helpful information about suicide and self-harm prevention
- Enabling access to effective crisis support for people who need it
- Reducing access to means and methods of suicide to prevent deaths
- Continue to provide effective bereavement support to those affected by suicide
- Focus on preventing suicide in children and young people



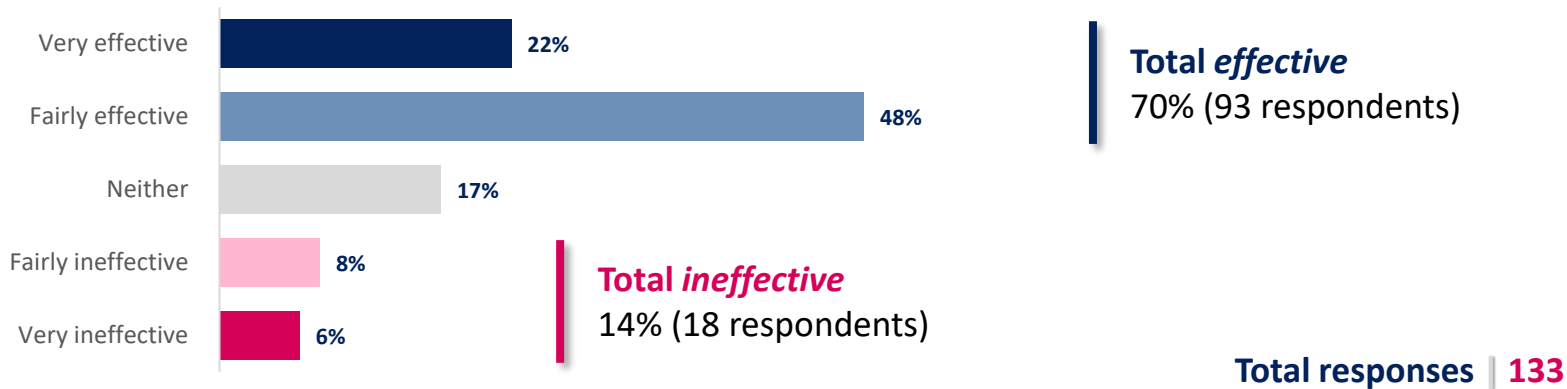
# Priority 6 – Suicide & self-harm

If you need someone to talk to, you can contact Southampton Samaritans (116 123) or Solent Mind (text 'lighthouse' to 07451 276 010)

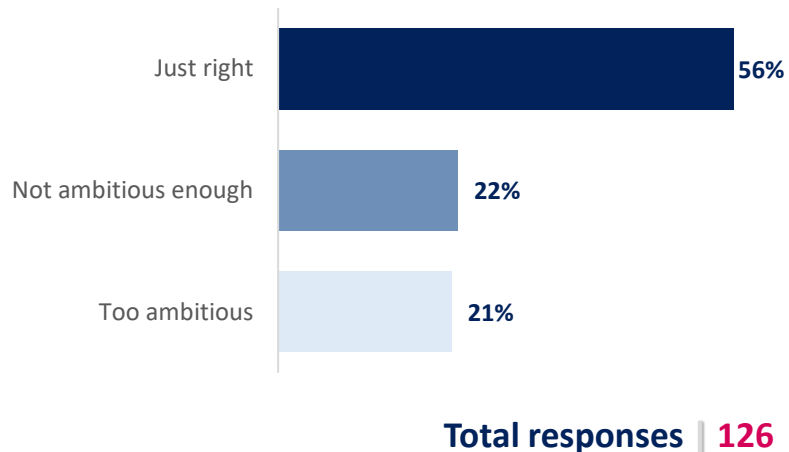
**Question 25** | To what extent do you agree or disagree with the proposals for this priority?



**Question 26** | How effective do you feel these proposals would be towards achieving this priority?



**Question 27** | How ambitious do you feel our plans are?



## Key findings

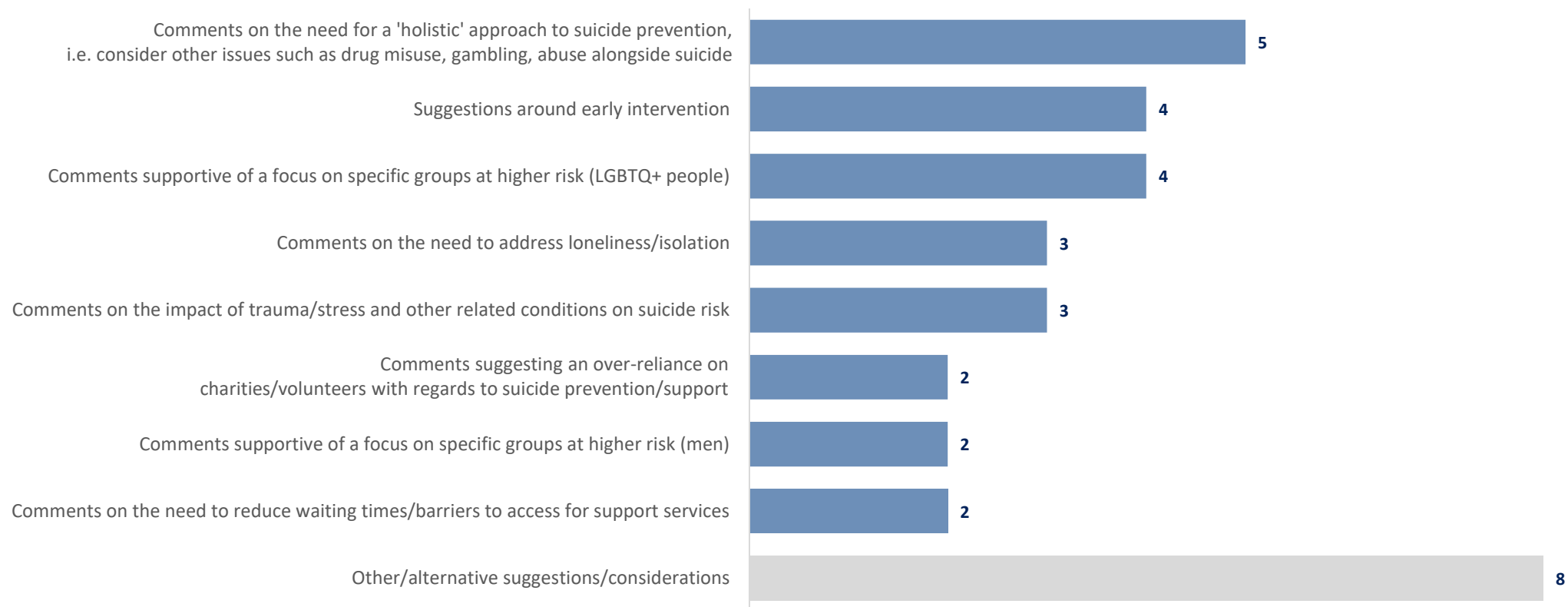
- 87% said that they agreed with this priority, including 54% that said they strongly agreed
- 70% of respondents said that the proposals for this priority would be *effective* if implemented, again, less than the 87% that said they agreed with the priority
- Over half (56%) said the level of ambition was just right



# Priority 6 – Suicide & self-harm *free-text comments\**

If you need someone to talk to, you can contact Southampton Samaritans (116 123) or Solent Mind (text 'lighthouse' to 07451 276 010)

\*Number of comments per comment theme.





# Consultation feedback

Reading the draft strategy



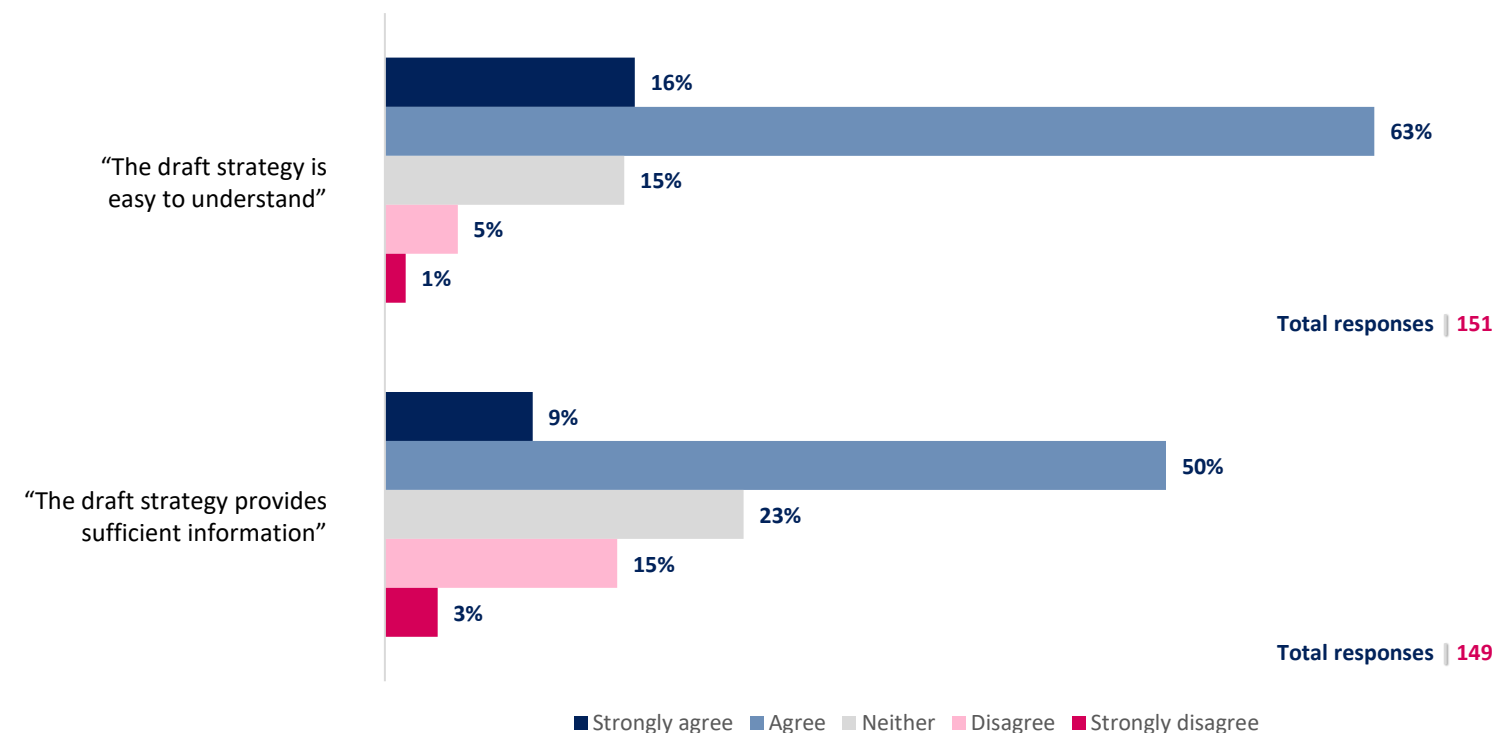


## Question 29 | Have you read the proposed draft strategy?



## Question 30 | If you have read the proposed draft strategy, to what extent do you agree or disagree with the following statements?

Asked if "Yes, all of it" or "Yes, some of it" response to question 29.



## Key findings

- Of the 87% of respondents that said they'd read at least *some* of the draft strategy, 79% said that it was easy to understand, and 59% said that it contained an appropriate amount of information
- For both questions, *neither* was a more popular response than overall *disagree* responses – 15% versus 6% and 23% versus 18% respectively