A PUBLIC HEALTH STEP 2 APPROACH IN BOLTON

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Bolton Council

Background and Context

Where this work came from…

- MHHNA into secondary care mental health services
- High needs and low provision at Step 2 (health survey data, service gap analysis)
- Local evidence indicated high rate of common mental health needs in existing services (primary care, wellness services, welfare, housing, employment support, community groups)
- Local evidence indicated that some people were excluded from standard models of provision leading to inequality in access
- Emergent evidence base/guidance favoured integrated wellness services (e.g. NMHDU, PHOs)

PUBLIC HEALTH MODEL

Bolton Council

Approaches

Building capacity to improve wellbeing for self & others
Provide appropriate intervention for common mental health problems
Use consistent evidence based models across the programme
Use a range of methods for delivery to improve uptake/access

Assets

Use accessible community venues that are well used, particularly by those at risk
Engage with trusted individuals, establish public confidence in the programme
Enhance the impact of self-help, support individual access & train helpers to recommend

Needs

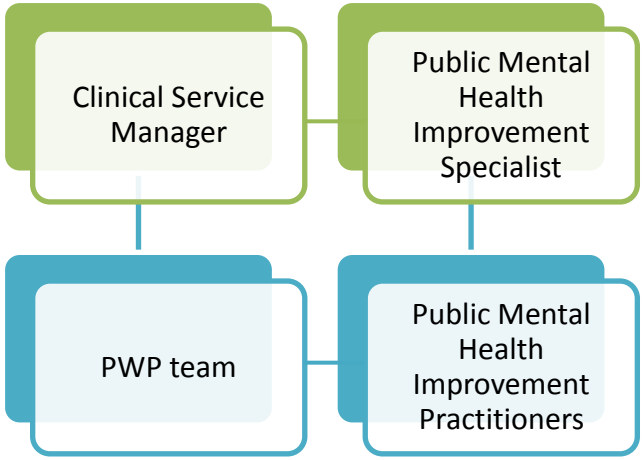
Be led by intelligence (inequality, inequity, risk factors, poor mental health)
Build service protocols in response to known needs of the target population
Focus on improved wellbeing for people in & not in mental health/health services
Target the programme proportionally according to known needs

Pathways

Improve access to appropriate mental health support
Build capacity in navigating the MH system & managing expectations
Improve access to support holistically & to community assets
Build referral pathways to tap into known risk groups

Image

Reduce stigma about access
Maintain necessary relationships to mental health system
Maintain an accessible public image and use accessible language



OUTPUTS & OUTCOMES

Bolton Council

Increased access at step 2
Increased recovery/CSI at step 2
(Plus further standard IAPT targets)
Increased wellbeing at step 2
Increased wellbeing in the population (outside of mental health services)
Increased capacity to improve wellbeing in the population
Increased use of self-help in the population
Increased awareness of mental health in the population
Increased awareness of mental health support in the population
Increased access to community assets
People will be satisfied with the options available to them
People will be satisfied with the quality of what they access.
People will be satisfied with the timeliness of what they access.
People will report that the programme is accessible to them.
People will be satisfied with the appropriateness of what they acces.
People discharged will report sustained improvement and/or satisfaction with accessing the service again if necessary at follow up.
People referred to another service will be satisfied with the transition
People referred in will be satisfied with referral management
Practitioners who refer in will be satisfied with referral management
Practitioners will report generally improved satisfaction, awareness and confidence in available mental health support.

Benefits & Challenges

- Public Health Intelligence – breadth and depth of available information
- Strong Community Presence
- Ensuring good quality information out & available
- Robust discharge planning and relapse prevention

Benefits and Challenges (cont.)

- Service efficiencies to work to targets
- Working across organisational boundaries
- PWP workforce wellbeing and role development