West Midlands Mental Health Commission

A Year On - Progress Report

June 2024

West Midlands Combined Authority

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Foreword

In 2023, the West Midlands Mental Health Commission independently reviewed the impact that the Coronavirus (Covid-19) pandemic had placed on regional mental health and wellbeing, highlighting an urgent need to address the mental health crisis we were facing. The toll of uncertainty, grief and isolation was felt worldwide, and our region was certainly no exception.

Recognising the formidable challenges ahead and in a time of austerity, thirteen robust recommendations were collaboratively agreed for action. These recommendations aimed to unite our efforts and embrace long-term change, envisioning a region where mental health thrives, communities flourish, and services become more equitable.

In the last year, sickness absence due to mental health problems has soared, and rates of poor mental health have increased alarmingly across all age groups nationally. Mental Health Services are struggling to keep up with rising demands, and significant challenges impact the workforce, from recruitment to retention.[1]

Despite the bleak national picture, one year on from its publication, we have made some significant progress against the thirteen recommendations set out in the West Midlands Mental Health Commission. In the face of such trying times and economic instability, this report celebrates our successes, showcasing the breadth of work and significant investment that has taken place across all parts of the system to tackle mental health and its determinants.

Amongst our successes are further opportunities to continue the legacy of the commission. What is clear, is that no single agency, body or organisation can solve the mental health challenges we face as a region alone and we must continue to work together to uphold and realise our vision of a mentally healthy West Midlands.

I want to thank all those who continue to support our vision. Together, we have the power to build a more just and inclusive society, where mental health is a fundamental priority for all.

Professor Danielle Oum
Independent Chair of the West Midlands Mental Health Commission

1. ParliamentaryBriefing_EconomicSocialCostsReport-briefing_March24-1.pdf (centreformentalhealth.org.uk)

The work of the independent West Midlands Mental Health Commission, published in its report in 2023, provided us with a wealth of valuable insight on the mental health challenges facing the West Midlands Combined Authority (WMCA) population. Around the world, there is growing evidence that poorer mental health is contributing to slowing economic growth and in the UK alone, 23.3 million sick days due to work-related stress cost the economy £28 billon, with increasing levels of poor mental health and long-term sickness absence since the Covid pandemic.

While some parts of our region are thriving, others are not. On several indicators, we perform less favourably than England: higher mortality rates for cancer, cardiovascular disease, and respiratory diseases; lower rates of physical exercise; higher rates of obesity, and worsening conditions contributing to the fastest growing rate of child poverty in England. These conditions do not protect our mental health or create the conditions for a mentally healthy region.

The impact of this extends beyond individuals and families, affecting the ability of our region's economy to thrive and generate value for reinvestment in our communities.

In response to the Commission publication, the WMCA has been committed to driving forward the recommendations within the report, leading on programmes that improve mental health and address its the underlying determinants. Our devolved responsibilities within Employment, Skills, Transport, Housing, Environment and Energy, as well as our commitment to inclusive growth have been at the forefront in framing our Health in All Policies approach, driving health equity and improving the conditions in which we people are born, work and live. We have also placed significant investment into some of the programmes showcased in this report, including our £1 million Thrive at College Programme and the £9 million Commonwealth Games Legacy Enhancement Fund aligned to improving mental wellbeing and its protective factors.

We must not rest on our laurels. Though we have seen progress in delivering on the recommendations, our experience demonstrates that change of this magnitude takes time and ongoing collective commitment. But this is a commitment we must pursue in the drive for a mentally healthy region.

Dr Mubasshir Ajaz
Head of Health and Communities
West Midlands Combined Authority

National Context

A week is a long time in politics and as this update is published seven days before the General Election that makes it tricky to assess national mental health policy in this moment. What we can say with certainty though is that whichever party, or parties, form the next government they face a massive mental health challenge. We at Centre for Mental Health recently estimated that mental illness is now costing England over £300 billion a year in service use, lost productivity and human suffering. Crudely that equates to £14 billion in the West Midlands Combined Authority area alone. Many hundreds of thousands of people are dying earlier than they should as people with severe mental illness (about 1% of the population) live 20 years less long than their peers without those diagnoses and people with depression die seven years earlier. These premature deaths are mainly caused by worse physical health among these groups, are largely preventable and tragically these health and life expectancy gaps are growing. The proportions of people suffering from these conditions has also grown sharply as the banking, Covid and cost of living crises have led to decisions creating austerity, poverty and uncertainty which combine to worsen people's living conditions and support that help keep them well. These risks do not fall evenly across the population and people living in deprived communities, racialised people, people from the LGBT+ community, the physically disabled and asylum seekers and refugees are more likely suffer worse mental and physical health.

All three major parties' manifestos promise welcome (and long overdue) reform of the Mental Health Act as well as putting mental health professionals in every school and college, creating community hubs where children and young people can access mental health support more easily and investing more in adult mental health care. Labour have also committed to ban LGBT+ 'conversion therapy' whilst the Liberal Democrats have said they will reverse more than £1 billion worth of cuts to local government public health grants. We at Centre for Mental Health co-ordinated over 70 organisations to call for many of these policies (and many more) in A Manifesto for a Mentally Healthier Nation which you can find on our website along with more in-depth analysis of all three parties' mental health commitments.

Any incoming government must prioritise the nation's mental health to alleviate suffering and improve lives, outcomes and economic productivity. A cross-government strategy is essential but so is a commitment to work collaboratively with the UK's nations, regions and l local authorities. Power and resources need to be pushed closer to people with each tier of government working towards a common aim of improving public health which would bring so many social and economic gains. Central government, led by whatever party, must take the lead on infrastructure, reform and investment but in true partnership with combined authorities, councils and communities where mental health is made by the people who live in them.

Ed Davie
Policy and Public Affairs Manager
Centre for Mental Health

As a nation, we have made huge progress in improving physical health in this century and the last. One prominent example of this is that child mortality and deaths from communicable diseases have fallen sharply in most of the world. However, mental health is going in the wrong direction. Levels of poor mental health are enormous and rising. Poor mental health has an economic and social cost of at least £118 billon a year in the UK.[2] There are an estimated 1.2 million people on NHS mental health waiting lists in England and 1 in 4 people experience a diagnosable mental illness in a given year.[3] [4] The rise in mental health problems among young people is also particularly concerning. In 2017, the proportion of young people (17- to 19-year-olds) with a probable mental disorder was estimated by the NHS to be 10%, but in 2023, this figure rose to 23.3%.[5]

Sadly, there is very limited funding for measures which improve the population's mental health. The public health grant, which should be used by local authorities to fund preventative interventions including public mental health interventions, has seen a £1 billon real-terms cut since 2015 (when population growth is taken into account).[6] This cut needs to be reversed, but that will not be enough on its own. Currently, only a tiny fraction of the grant is spent on programmes specifically focused on mental health.

We need dedicated new funding for public mental health interventions. We know that these will deliver benefits for both people's mental health and the economy in the future. But government systems do not always take into account the future benefits of such investment. We need a fundamental change in how the Treasury conceives of investment. One way of making this change would be to have a specific funding stream for preventative work, in addition to the existing categories of 'capital' and 'revenue' spend.[7] The UK parliament and government also must provide an adequate settlement to devolved governments so that they can undertake these preventative actions to support mental health. The prevention of many mental health problems is possible. The evidence is clear that it is the places and circumstances in which people are born, grow, study, live and work that have a powerful influence on their mental health. That is one of the reasons we are so supportive of the recommendations from the West Midlands Mental Health Commission including increasing the income of the poorest, removing structural barriers to physical exercise, and proactive measures to tackle the barriers of structural racism.

Protecting people's mental health requires change at different levels of our society. Central government has a role in ensuring that the structure of our society is conducive to good mental health. This is a job for all government departments. Local

2. Mental Health Foundation (2022) The Economic Case for Investing in the Prevention of Mental Health Conditions in the UK
3. www.nao.org.uk/wp-content/uploads/2023/02/Progress-in-improving-mental- health-services-CS.pdf
4. NHS England » Adult and older adult mental health
5. Mental health - NHS England Digital
6. Cuts to public health run counter to levelling up, say leading health organisations
7. Revenue, capital, prevention: a new public spending framework for the future - The Health Foundation

councils also have an important role, as also outlined by the conclusions of the West Midlands Mental Health Commission. They can help to support social connection and make sure that people can experience and enjoy nature – but most will only be able to do that effectively if they are funded and supported by national government. Local councils also need to be supported to create healthier physical environments. They can do that by accelerating the switch to cleaner energy and transport; supporting active travel and public transport; and ensuring everyone can access green space. They also have an important part to play in improving protection from junk food, smoking, alcohol misuse and gambling. The NHS and health and wellbeing boards have an important role to play in supporting and encouraging a preventative approach to mental health problems, too. We need continued work to eliminate racism, homophobia and other forms of discrimination in schools, the mental health system and wherever it is found in our institutions. This needs to include the discrimination faced by the most minoritised communities, including asylum seekers and refugees. To connect all this work, we need a detailed, long-term, funded plan from the new government, that sets out how all the different parts of government can work together to improve the population's mental health. And there are well evidenced programmes in communities like anti-bullying and parenting programmes, that we know are effective. The long-term return on investment for anti-bullying programmes is about £7.50 for every £1 invested, and the return on investment in parenting programmes can be up to £15.80 for every £1 spent.[8] We need to see the roll out of such evidence-based, cost-effective programmes across our communities. This must be led by government and in partnership with local systems. The West Midlands Combined Authority is already playing a leading role in this and will continue to be an important example to others.

We have to tackle mental health problems not only because of the distress they cause, but as part of making sure we have a good society and a strong economy. Rather than waiting for people to become unwell and trying to get treatment, governments and decision-makers should commit to policies that promote good mental health and invest in community programmes that empower everyone, especially people at higher risk, to live well.

Michael Hough
Policy and Public Affairs Officer
Mental Health Foundation

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We have to tackle mental health problems not only because of the distress they cause, but as part of making sure we have a good society and a strong economy.

8. Revenue, capital, prevention: a new public spending framework for the future - The Health Foundation

Executive Summary

Last year, the West Midlands Mental Health Commission developed thirteen ambitious recommendations for system wide action in response to the pandemic and its negative impact on regional mental health and wellbeing. These recommendations were formed across five key thematic areas:

- Children and young people
- Mental health and the cost of living crisis
- Tackling racial inequalities in mental health
- Sport, exercise, physical activity and mental health
- Thriving communities and the voluntary and community sector

In the last year, significant progress has been made against these recommendations, with a range of initiatives and investment made across the system. These success stories are a testament to the system wide commitment to improving mental health across the West Midlands. Despite progress, the scale of the challenge we face is still significant. Nationally, there are an estimated 1.2 million people on NHS mental health waiting lists in England and 1 in 4 people experience a diagnosable mental illness in a given year. The rise in mental health problems among young people is also particularly concerning.

In 2017, the proportion of young people (17 to 19 year-olds) with a probable mental disorder was estimated by the NHS to be 10%, but in 2023, this figure rose to 23.3%.

In the West Midlands Combined Authority (WMCA) area, rates of common mental illness for adults are higher than the national average in six of the seven local authorities. This correlates with a significant increase in self reported anxiety within the ONS wellbeing measures, coupled with lower life satisfaction scores compared with the previous decade. Parts of the WMCA area have some of the highest levels of deprivation in the country. We know that common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society. The poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences. The percentage of children living in relative low-income families has also increased over the last decade across all Local Authorities in the WMCA area. Evidence shows that infants and toddlers facing the highest risks for poor mental health include those who live in prolonged poverty. It is clear we need to do more and continue to showcase the same commitment and drive to make change for our population; be it through access, experience or the conditions in which support us to thrive. This report considers what that could look like, creating a legacy to the commission that will continue to drive collective systemic change, informed by those communities and individuals that are experts by experience.

Background

In 2023, the West Midlands Mental Health Commission was convened to assess the impact that the coronavirus (COVID-19) pandemic had had on the mental health and wellbeing of the West Midlands population, and to understand what action could be taken regionally to respond to those impacts.

The Commission found that:

- Demand for Children's Mental Health Services in the combined authority area had increased significantly (by an average of over 50%), as child poverty, isolation and stress had worsened.
- The cost-of-living crisis was causing and deepening poverty, a major risk factor for mental ill health.
- Because of structural racism that exposes racialised communities to higher levels of poverty and stress, Black, Asian and other racialised groups were experiencing worse mental health outcomes than white British people.
- Rates of physical activity, a significant protective factor for mental wellbeing, were lower than average with one third of children and one in four adults in the West Midlands doing less the minimum amount for good health.
- Austerity cuts and funding challenges within the voluntary and community sector were impacting services vital to facilitating social connections, vital for mental health and providing support in a way that empowers people and communities.

Recommendations

A series of robust recommendations were established, targeting interventions across the life course and by a multitude of partners.

Action	Rationale	Lead Organisation
1. Schools and colleges should adopt a 'whole school approach' to mental health. This approach should include evidence-based learning about mental health within school curricula and access to counselling and other forms of support alongside the expansion of Mental Health Support Teams.	Mental health outcomes are most strongly influenceable in childhood, and evidence suggests 'whole school' approaches and early support are highly effective.	West Midlands Combined Authority
2. All schools and colleges should work towards zero exclusions. Support for this should include external advice and help for schools to improve behaviour and support children with complex needs including 'managed moves' to give students a fresh start.	Excluded children have much poorer mental health and other outcomes. Evidence is clear that supporting children to remain in their school is helpful.	West Midlands Combined Authority
3. All parents/ carers should have access to and be encouraged to take up evidence-based parenting programmes.	Evidence-based parenting programmes highly effective in improving outcomes.	Local Authorities
4. Every West Midlands council area should have an early support hub drawing on the Youth Information, Advice and Counselling Services (YIACS) model or local equivalent.	These types of services are well evidenced to support better outcomes in children and young people.	Local Authorities

Action	Rationale	Lead Organisation
5. WMCA region should become a 'Living Wage Place' with every major public sector body achieving Living Wage Foundation Accredited by 2026 and a region-wide campaign run to get other major employers accredited.	Poverty is the main driver of poor mental health. With 20% of West Midlands' workers paid below the poverty rate, this would make a big difference.	West Midlands Combined Authority
6. Public sector organisations in the region should adopt social value principles in procurement, putting money in the pockets of local people and organisations.	'Preston Model' of buying more goods and services locally is associated with a 9% reduction in depression, among other evidence.	West Midlands Combined Authority
7. Welfare advice should be provided to anyone in the West Midlands using mental health services, including NHS Talking Therapies. This service should include support with personal finances, housing rights, legal issues and employment.	Adverse life circumstances, like poverty, worsen mental health outcomes. Addressing circumstances makes outcomes more likely to improve.	Integrated Care Boards
8. The three integrated care systems in the area should support and invest in community- led infrastructure so that they are able to deliver credible and safe mental health support for people from racialised communities in the region. These organisations should be supported to build capacity, form networks for support, and become more sustainable.	People from racialised communities experience much poorer mental health outcomes because of structural racism. Representative, community-led services can help address these problems.	Integrated Care Boards

Action	Rationale	Lead Organisation
9. The NHS should seek to make the mental health workforce at every level and across all disciplines more representative of the communities it serves.	This would help address some of the structural problems that lead to worse mental health outcomes in racialised communities.	Integrated Care Boards
10. Mental health services should provide ready access to physical activity opportunities for anyone who is waiting for support or currently receiving it. Physical activity should be built into treatment 'pathways' as a routine element of good mental health care.	Evidence shows that physical activity is good for mental health. People with a mental health diagnosis experience poorer physical health than the general population – exercise would help close this gap.	Integrated Care Boards
11. ICS Partnerships and ICS Boards should invest in enabling the voice of marginalised communities to inform and be actively involved in decision making and this should explicitly include approaches to enable the voices of people living with mental health issues and with lived experience of these conditions.	Racialised, LGBT+ and deprived communities have worse mental health outcomes because of structural discrimination and disadvantage. Representation can be part of addressing this.	Integrated Care Boards

Action	Rationale	Lead Organisation
12. The WMCA and local authorities in the region should work systematically to reduce barriers that may prevent local people from engaging in physical activities – cost, lack of culturally appropriate options, transport including traffic, pollution and lack of active travel infrastructure, safety, and the range of activities on offer.	Physical activity is good for mental and physical health, but poorer communities struggle to access exercise because of structural barriers. Designing environments that privilege walking and cycling is the most effective way to do this.	West Midlands Combined Authority
13. Integrated care systems should fund and commission voluntary and community sector partners to maximise their sustainability while retaining their independence, flexibility, and creativity. This may mean offering longer-term funding, encouraging provider alliance arrangements between voluntary and community sector organisations, and using grant programmes to support innovation. There is good evidence that voluntary and community sector organisations can deliver better outcomes by tailoring support to diverse communities.	There is good evidence that voluntary and community sector organisations can deliver better outcomes by tailoring support to diverse communities.	Integrated Care Boards

In this report, a year on, we recognise and celebrate the investment and progress that has been made against the Commissions recommendations. However, it is also important for us to acknowledge that there is still lots more to do, in a time of austerity, amidst the cost-of-living crisis and other significant pressures which are having an impact on residents' mental wellbeing.

Introduction

We all have mental health. Like our physical health, this can be anywhere on a spectrum from healthy to unwell. Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

Mental health is important at every stage of life, from childhood and adolescence through to adulthood. However, our chances of having good or poor mental health are far from equal. Inequalities in society, for example, in wealth, power, and the environments we live in, significantly influence our mental and physical wellbeing.

There are several known risk-factors which make people more likely to experience mental health difficulties. These include unemployment, low income, racism and discrimination, traumatic experiences, physical illness, and a lack of access to support. Other factors and circumstances can protect our mental health. Relationships, supportive families, secure childhood experiences, good housing, physical activity, education as well as economic and social opportunities can all boost our resilience in the face of stress and hardship.

Mental health is not just the responsibility or the result of an individual's biological or psychological make-up. Rather, it highlights that the social systems in which we live and the social experiences we have had, significantly influence our psychological wellbeing or mental health.[9] They also cluster in particular groups of people, rendering them at much higher risk of developing a mental illness. These inequalities can be seen in relation to prevalence, access to, experience and quality of care and support, as well as opportunities and outcomes.

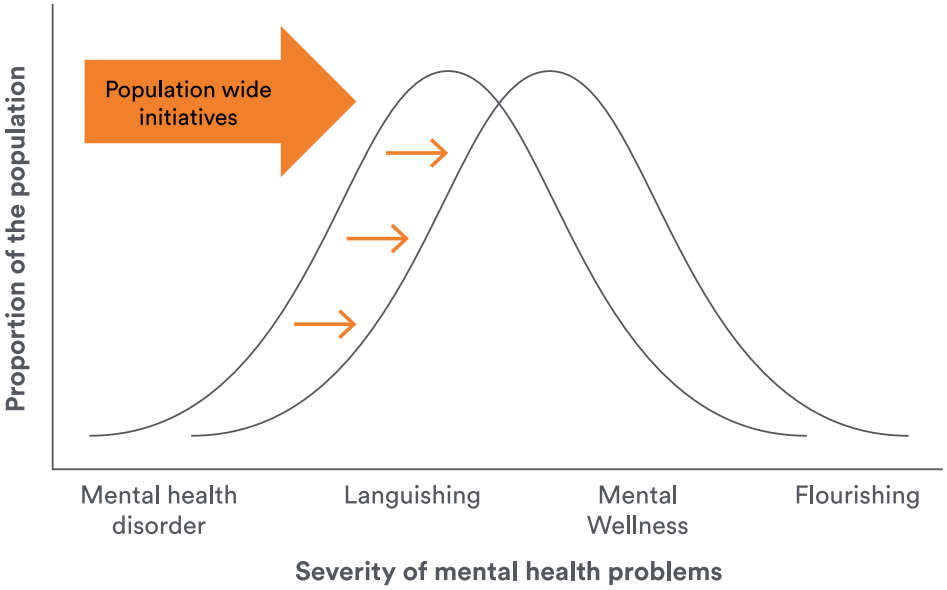
People living with Severe Mental Illness (SMI) experience some of the worst inequalities, with a life expectancy of up to 20 years less than the general population. This is the same life expectancy that the general population experienced in the 1950s, and evidence suggests that the mortality gap is widening.[10]

Preventing mental health problems and promoting positive mental wellbeing involves initiatives designed to address all the various individual, interpersonal, or societal factors associated with poor mental health. For some, this will require specific Mental Health Services, but actions at the population level have been evidenced to improve mental health for four in five people.[11]

This concept of '**shifting the curve**' implies shifting the entire distribution in a population towards higher levels of mental wellbeing.

9. Miles H. The social determinants of mental health and the importance in a psychologically informed environment: 2017
10. Hatch S. Marginalised communities and mental health: 2018
11. Summary-of-evidence-on-pmh-interventions-june-2022.pdf (rcpsych.ac.uk)

Shifting the Curve



In addition to the personal impact on people, families and communities, poor mental health costs a significant amount to the UK economy, through costs related to healthcare, time out of work and the impacts associated with support from informal care. The Centre for Mental Health's recent analysis found that mental ill health costs society and the economy £300 billion per year. Stress, depression, and anxiety contribute to a total of 17.1 million lost working days in the UK, making this the country's largest contributor to absenteeism.[12]

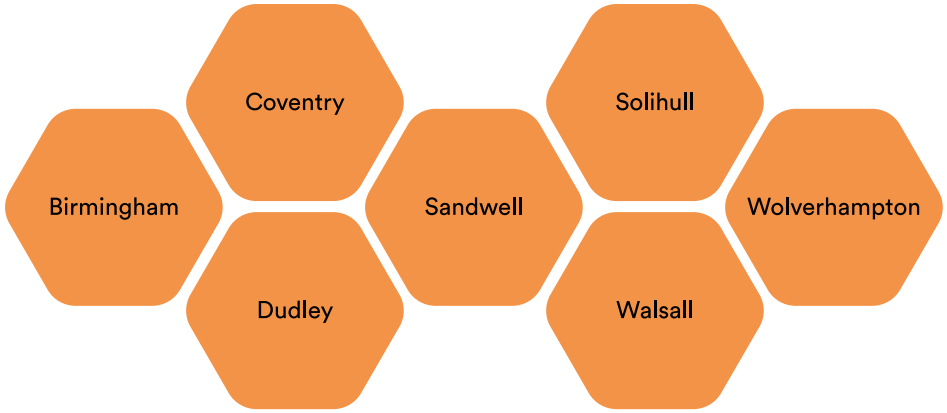
In the next section we explore some of the facts and figures associated with mental health in the WMCA area; this can help to put individual experiences into context. It is important that we don't just look at prevalence alone, but consider the societal conditions where we are born, work and live - all of which can be risk or protective factors for residents mental health and wellbeing.

12. ONS 2022

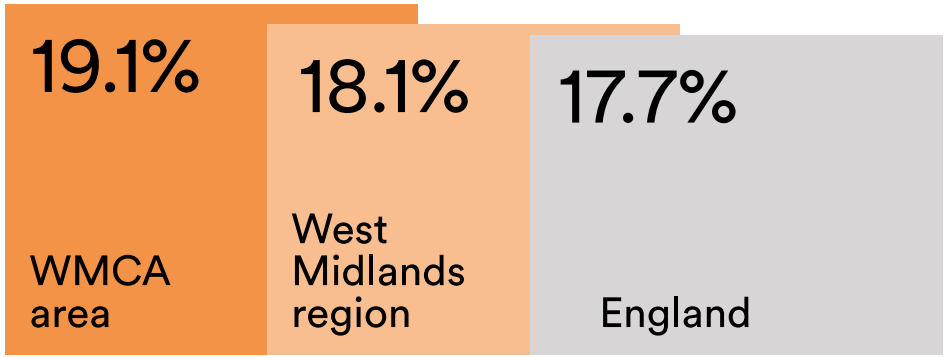
Scale of the challenge

The WMCA membership consists of 18 local authorities. For the purpose of this report, the main focus will be on the seven constituent authority areas: Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton.

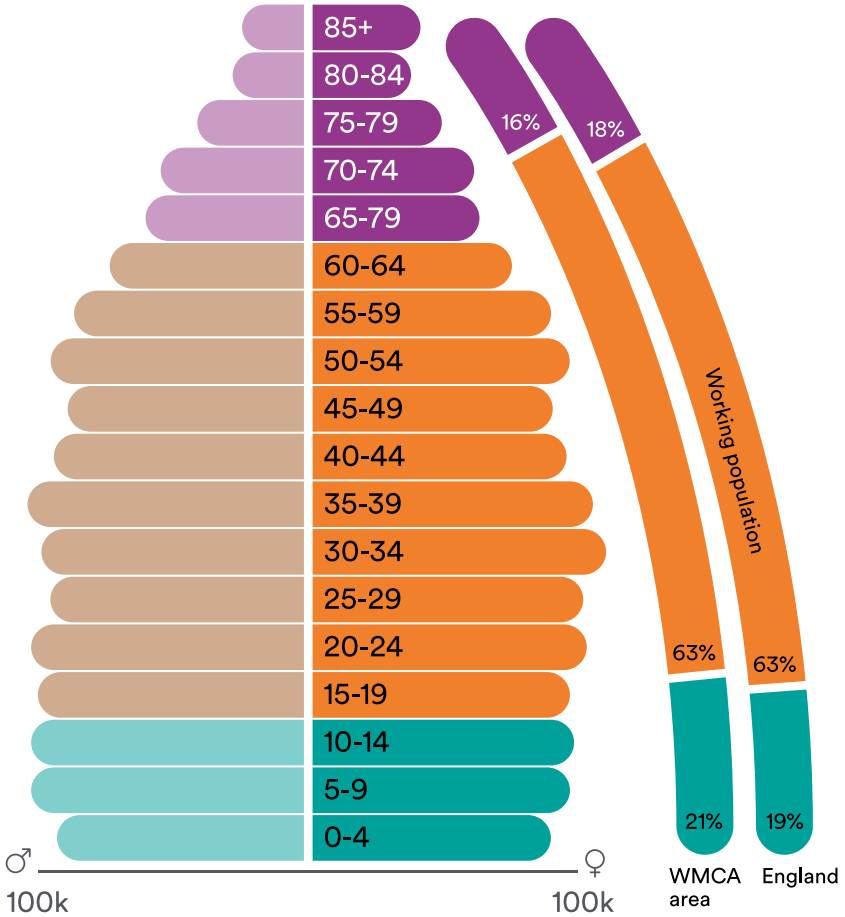
WMCA areas



Disability



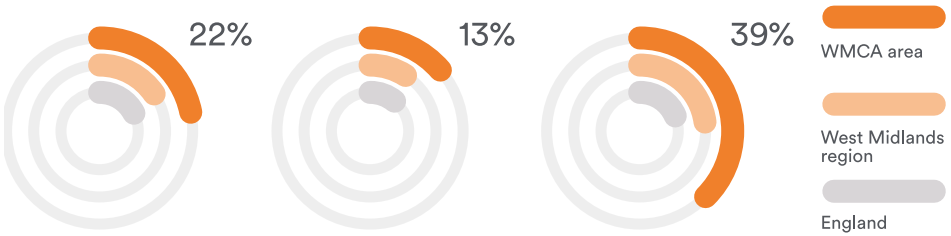
Age and sex



Source: ONS 2021

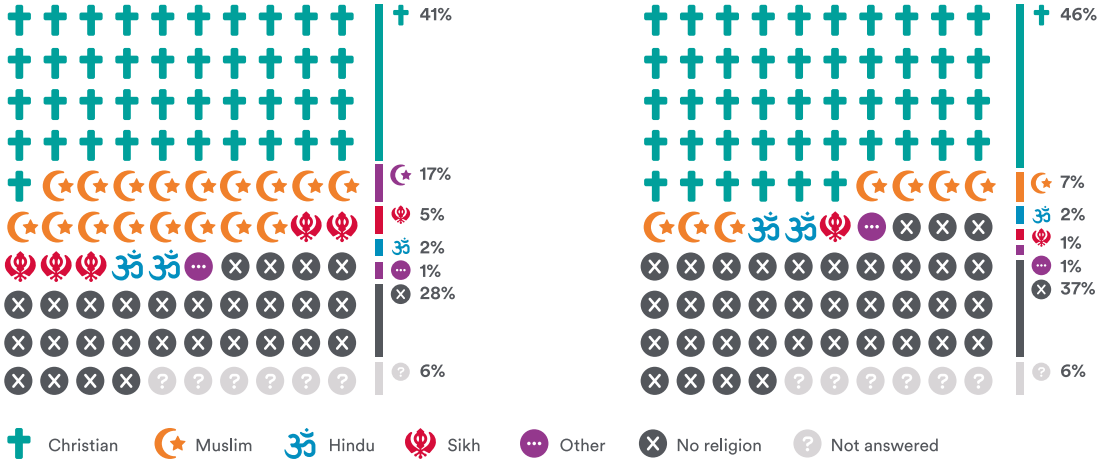
Ethnicity

The WMCA area follows the national trend with an increasing number of residents describing themselves as from a racialised community. 39% from an estimated 30% in 2020.



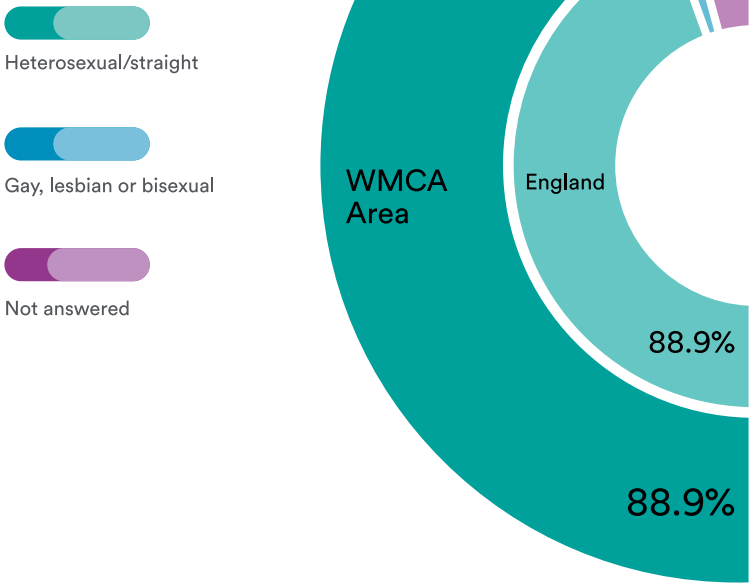
Faith and belief

One icon = 1%, values rounded.



Sexual orientation

The numbers choosing not to answer may be reflective of the under-reporting or LGBTQIA+ communities, with research estimating the actual figure is 5-7%.

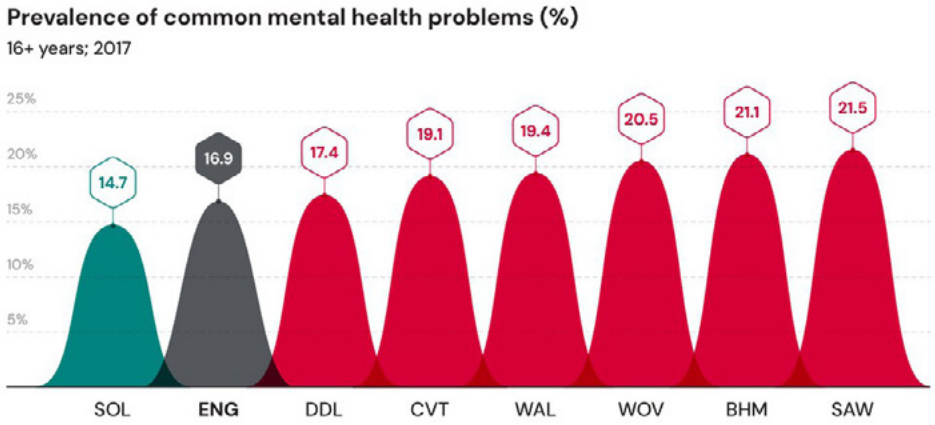


Source: ONS 2021

Mental health prevalence

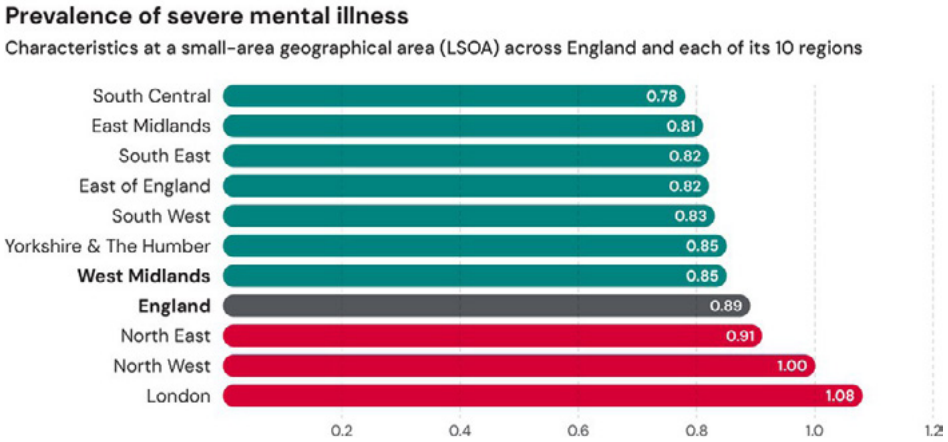
Prevalence of common mental health problems

Rates of common mental illness (rates of generalised anxiety and depression) for adults are higher than the national average in six of the seven local authorities in the WMCA area. Solihull has lowest rates of common mental illness and is the least deprived local authority in the WMCA area. These higher prevalence rates translate into pressures on mental health services and research also shows that these common mental health conditions contribute to one fifth of days lost from work in Britain.[13]



Prevalence of Severe Mental Illness

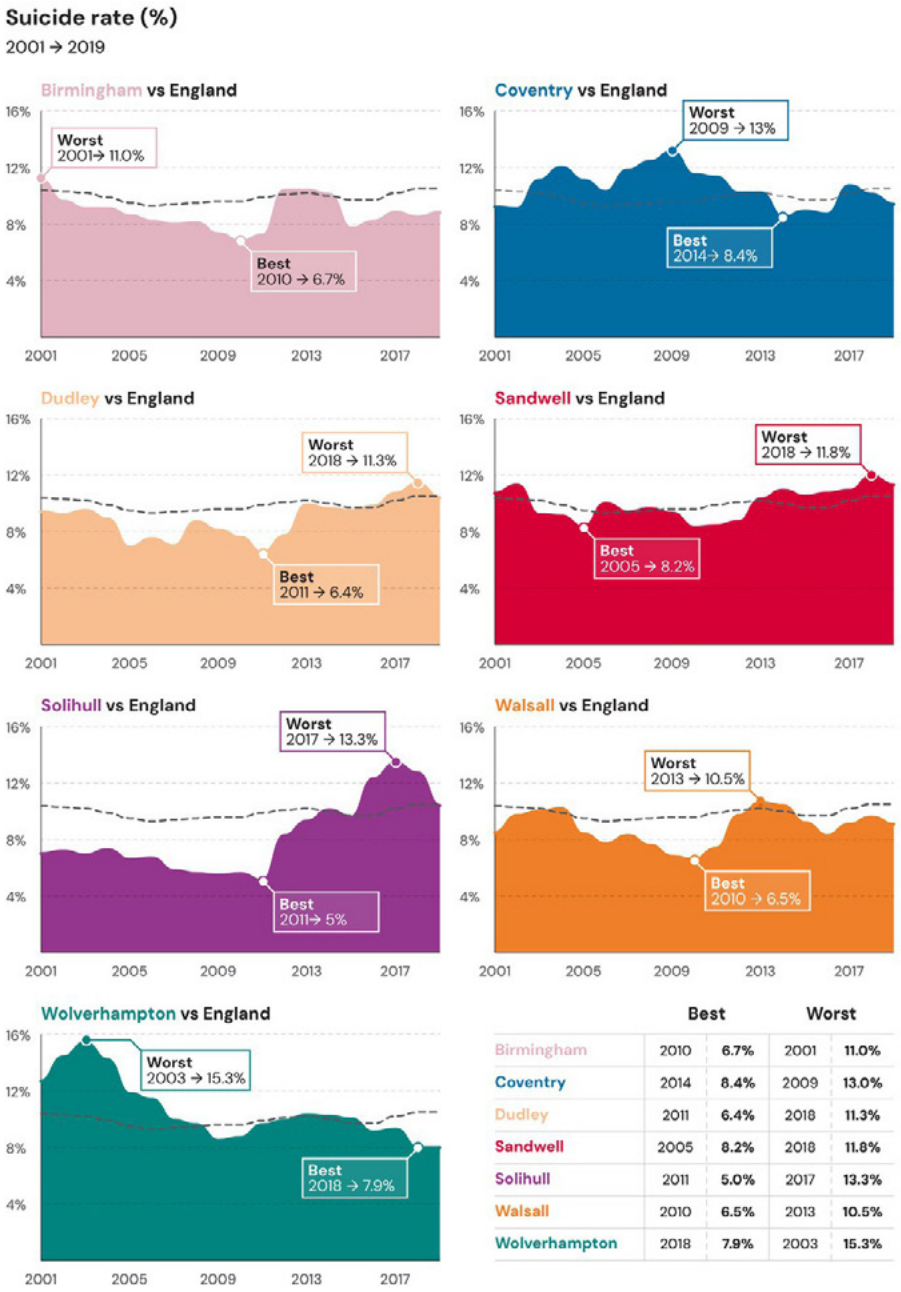
The estimated prevalence of severe mental illness for the West Midland's region is lower than the national average based on data from 2017. The Adult Psychiatric Morbidity survey, which is conducted every seven years, will be published in 2025 and will give a more accurate picture of the prevalence of severe mental illness in the WMCA area.



13. Das-Munshi et al. (2008) cited in McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital [Accessed 5 Oct 2016]
Available at: http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf

Suicide rates

National trends indicate suicide rates have been increasing since 2012. The data for the WMCA area paints a mixed picture across this time period. Some local authorities are seeing lower suicide rates than in 2012 and others higher. The most recent data shows that the majority of WMCA local authorities have a lower rate of suicide than the national average.

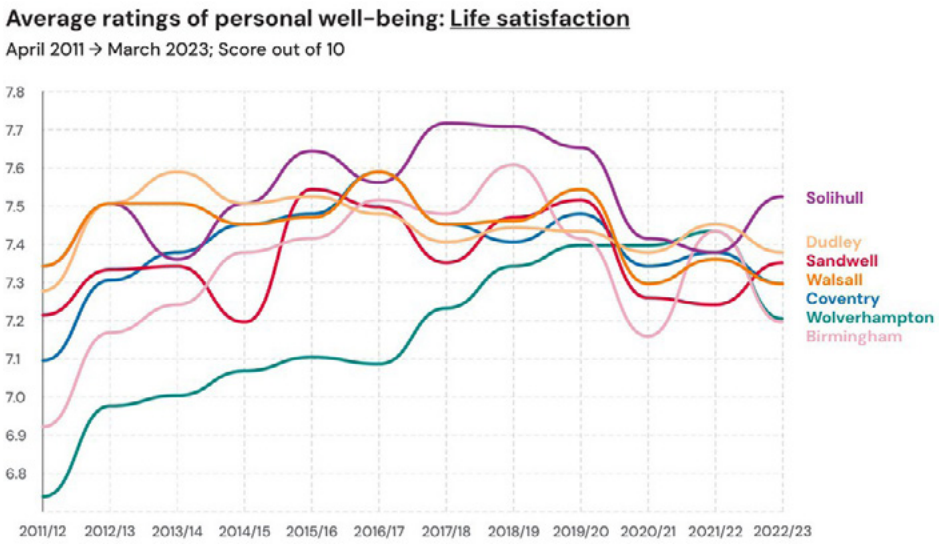


	Best		Worst	
Birmingham	2010	6.7%	2001	11.0%
Coventry	2014	8.4%	2009	13.0%
Dudley	2011	6.4%	2018	11.3%
Sandwell	2005	8.2%	2018	11.8%
Solihull	2011	5.0%	2017	13.3%
Walsall	2010	6.5%	2013	10.5%
Wolverhampton	2018	7.9%	2003	15.3%

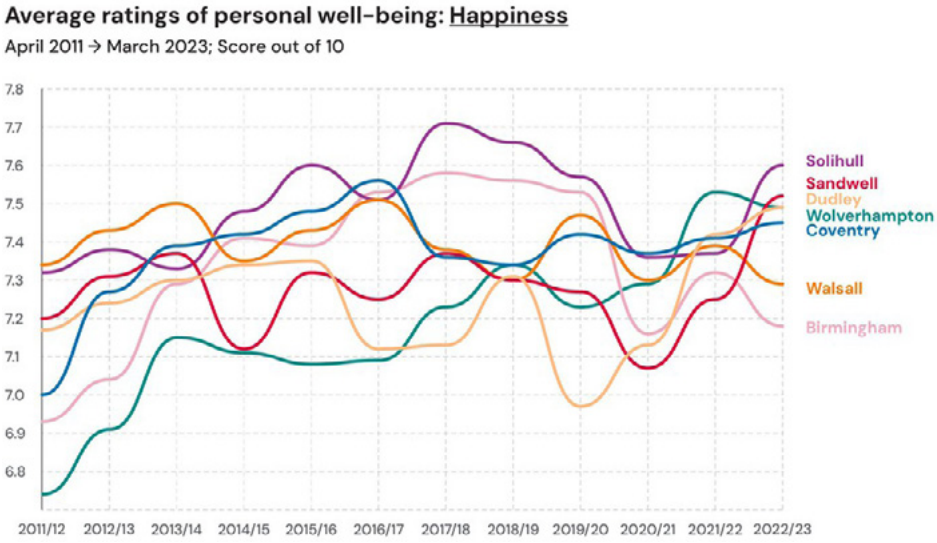
Personal Wellbeing

The Office of National Statistics assesses personal wellbeing via four scores; anxiety, happiness, worthwhile, life satisfaction on a scale of 0-10 with 0 being low. The data shows a mixed picture over the last decade in the WMCA area.

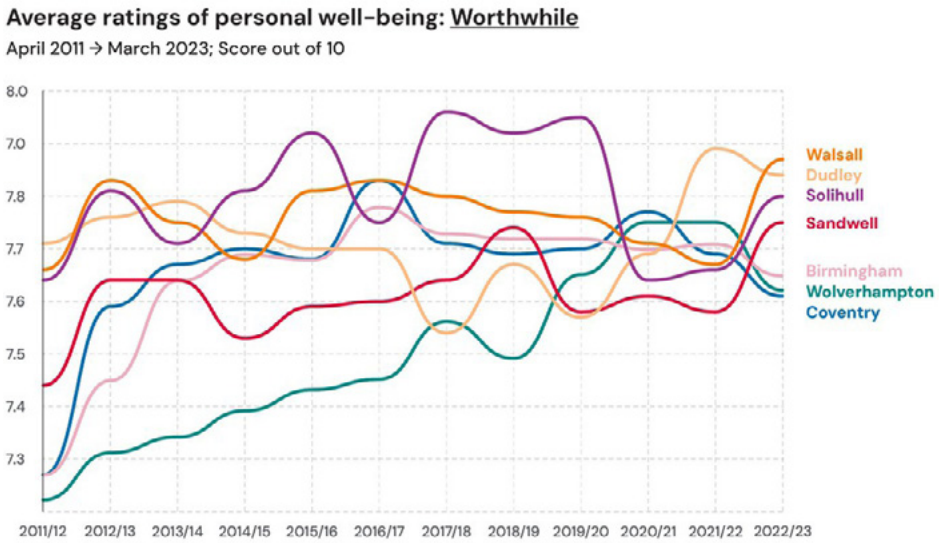
Life satisfaction: All WMCA areas are currently registering lower life satisfaction scores than previous highs in the last decade. This may be associated with the challenges faced by many due to high inflation rates and the cost of living crisis.



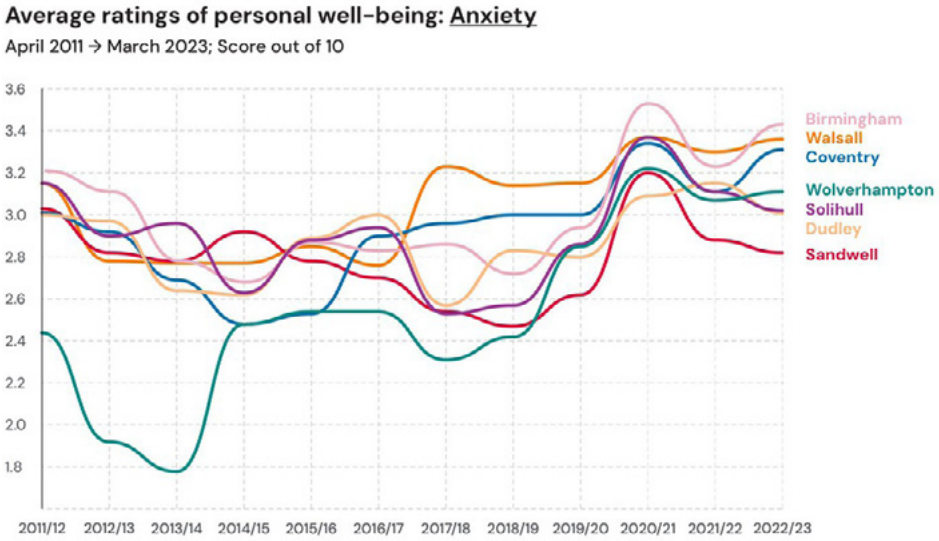
Happiness: Levels of self-reported happiness show a clear dip during the Covid-19 pandemic and associated restrictions. Almost all Local Authorities show higher self- reported happiness levels than a decade ago. Interestingly some of the local authorities are reporting their highest scores for self-reported happiness in 2022/23, as seen in Sandwell, Dudley and Wolverhampton.



Worthwhile: In the main levels of reported feelings of lives being 'worthwhile' are higher than they were in 2011/12 across the WMCA area.



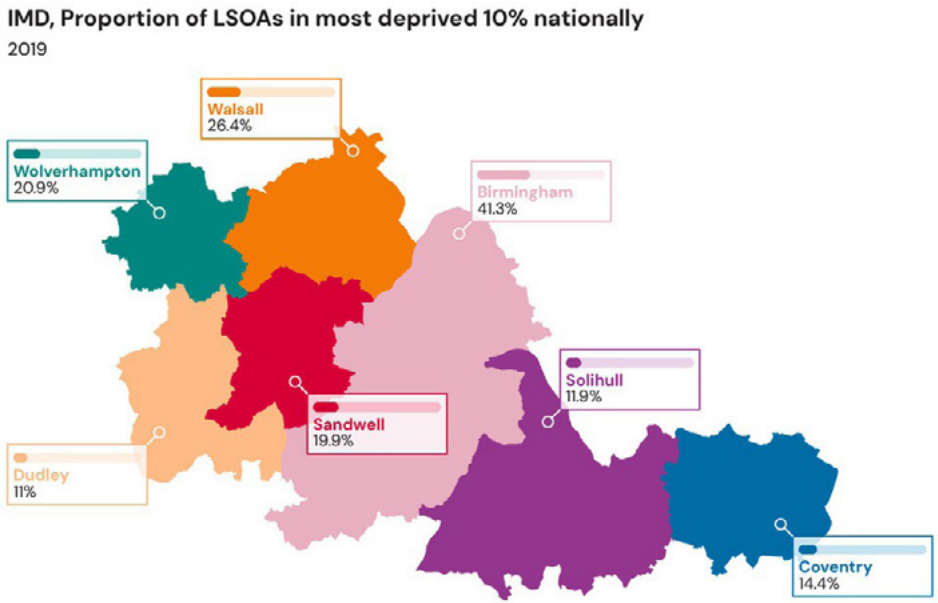
Anxiety levels: There is a more common trend in terms of anxiety levels in the WMCA area, with peaks clearly apparent during the pandemic and associated restrictions such as lockdowns from 2019-2021. Levels of reported anxiety remain high and almost all the local authorities show higher rates of anxiety than a decade ago.



Risk and protective factors

Index of multiple deprivation

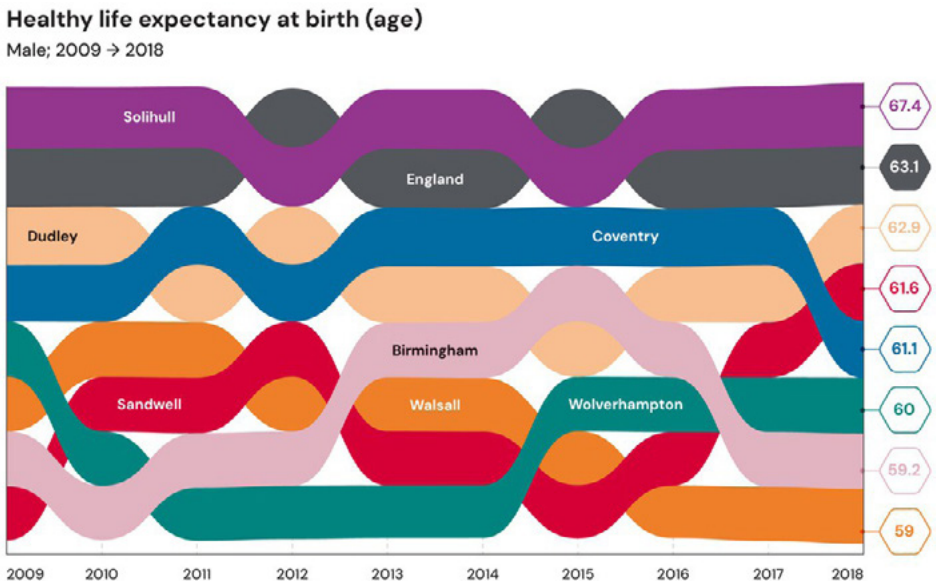
The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs). It is a combined measure of deprivation based on a total of 37 separate indicators that have been grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area. Parts of the WMCA area have some of the highest levels of multiple deprivation in the country. These rates were last calculated in 2019 which means the rising cost of living and increased energy prices will not be reflected in this data. Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society. The poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences.[14]

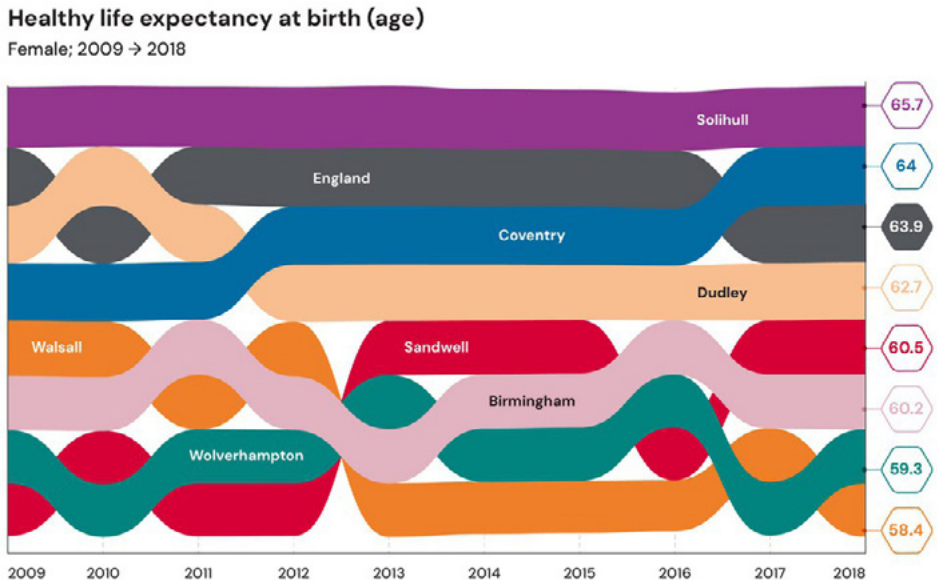


14. Patel V, Lund C, Hatherill S, Plagerson S, Corrigall J, Funk M, & Flisher AJ. (2010). Mental disorders: equity and social determinants. Equity, social determinants and public health programmes, 115.

Healthy life expectancy rates from birth

In the main average healthy life expectancy from birth for the WMCA area is lower than the national average (expect for Solihull). Areas with higher rates of deprivation (e.g. Walsall) show a decline in the healthy life expectancy rate with this being experienced more acutely by women. Academic evidence has consistently demonstrated excess mortality in people with a variety of mental disorders, with overall 2–3 times higher risk of premature death than the general population.[15]

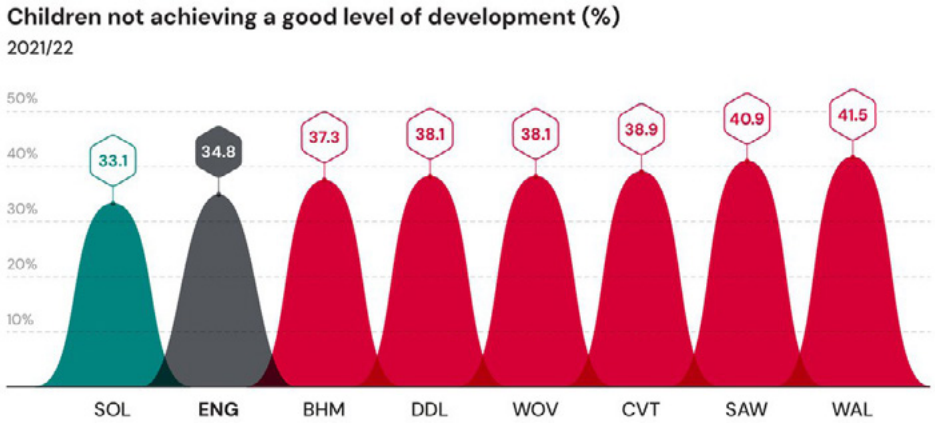




15. https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00471- 6/fulltext#:~:text=Critically%2C%20evidence%20has%20consistently%20demonstrated,d eath%20than%20the%20general%20population

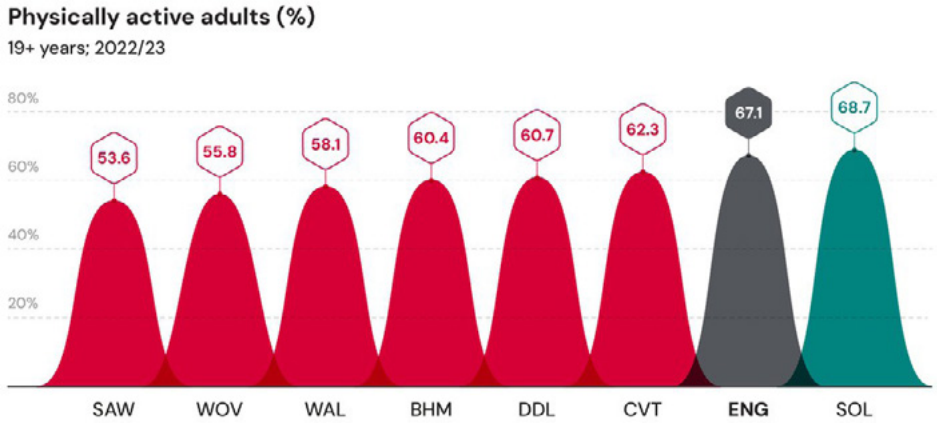
Children not achieving a good level of development at the end of reception

Children are less ready for school in the WMCA area than the national average, six of the seven local authorities in the WMCA area have higher percentages of children not achieving a good level of development at the end of their reception year. Nationally children eligible for free school meals were found to be less ready for school than their peers, and the data for the WMCA area may reflect this.



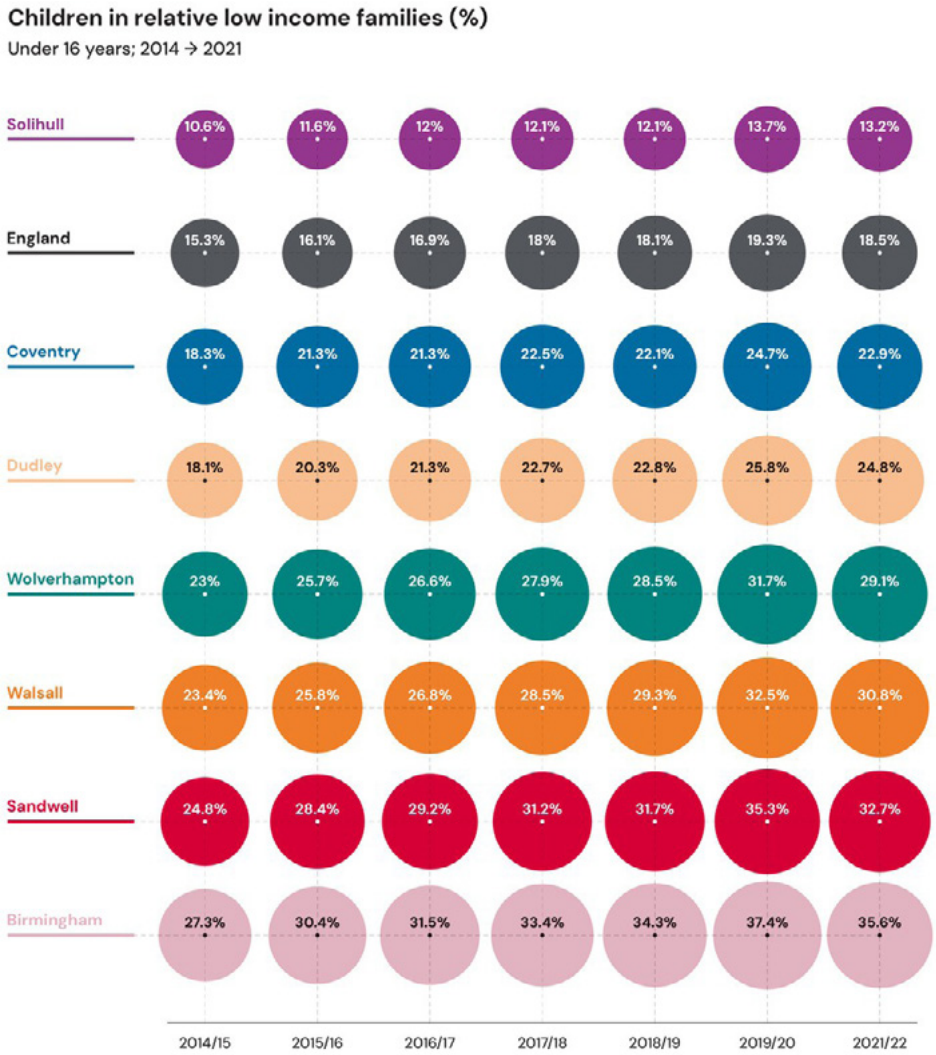
Physical activity

Physical activity is a protective factor for both adults and children's mental wellbeing. The data shows us that the WMCA area has lower physical activity rates than the national average, with only Solihull Local Authority having a higher percentage of physical active adults than the England average. As highlighted by the Mental Health Commission in 2023, we clearly have more work to do to enable and support all WMCA residents to be physically active for both their physical health and mental wellbeing.



Children living in relatively low income families

The percentage of children living in relative low-income families has increased over the last decade across all Local Authorities in the WMCA area. This does follow national trends but has been more pronounced in the WMCA area. Evidence shows that infants and toddlers facing the highest risks for poor mental health include those who live in prolonged poverty. We need more collaborative action to ensure that the right infrastructure is in place to support all our residents to have the right protective factors in place to secure mentally healthier lives.



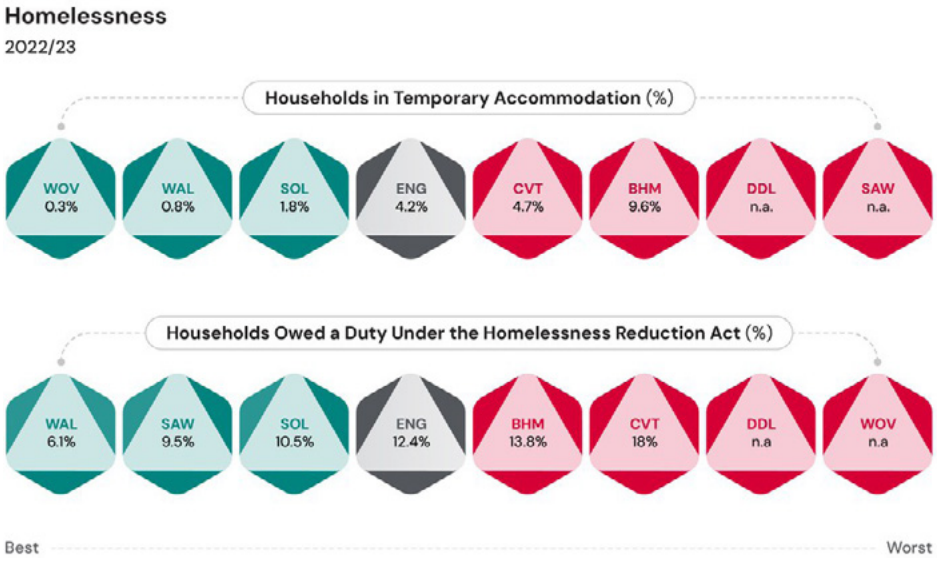
Unemployment

The right kind of work is a protective factor for mental health and wellbeing. The data shows that overall the WMCA area has higher unemployment rates and longer-term unemployment rates than the national average. Nationally in January 2021 43% of unemployed people had poor mental health.[16] Unemployment causes stress, which ultimately has long-term physiological health effects and can have negative consequences for people's mental health, including depression, anxiety and lower self-esteem. This can have a particular and long-term impact if unemployment is experienced at an early stage in adult life, and we know that youth unemployment is a particular issue in the WMCA area.

16. https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health

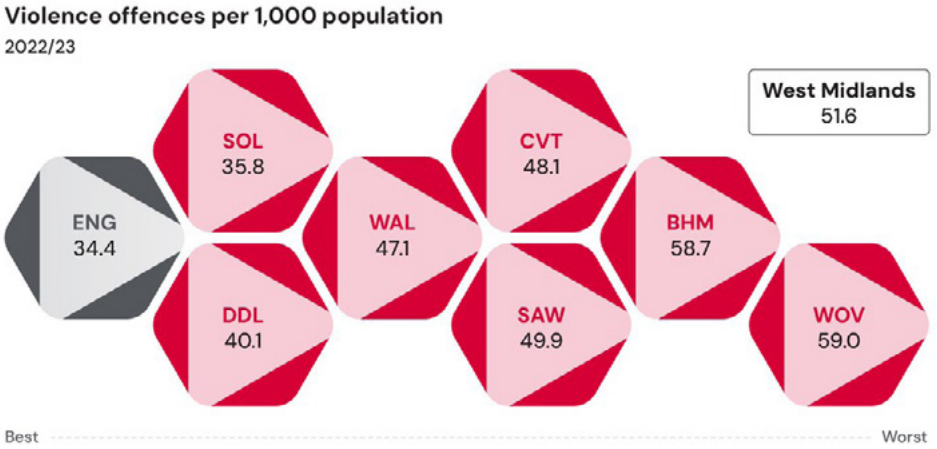
Homelessness

There is a strong link between mental health and homelessness, Crisis data shows that 45% of people experiencing homelessness have been diagnosed with mental health issues, and this rises to 8 out of 10 people who are sleeping rough. We do not have a full data set for the WMCA area though we can see homelessness is a particular issue in Birmingham and Coventry. In March 2023, 5,576 homeless households, including 11,076 children, across the WMCA area living in Temporary Accommodation (TA); representing a 7% increase compared to data for September 2022. Living in temporary accommodation has a lasting impact on children's psychological development and life chances.[17]



Violent offences

The data shows that the WMCA area has higher rates of violent offences in comparison to the national average. Being a victim of crime is a risk factor for mental illness, it also has a wider impact on the community the offences take place in. Recent research has found that people residing in unsafe areas are more likely to report mental health problems, including depression and psychological distress.



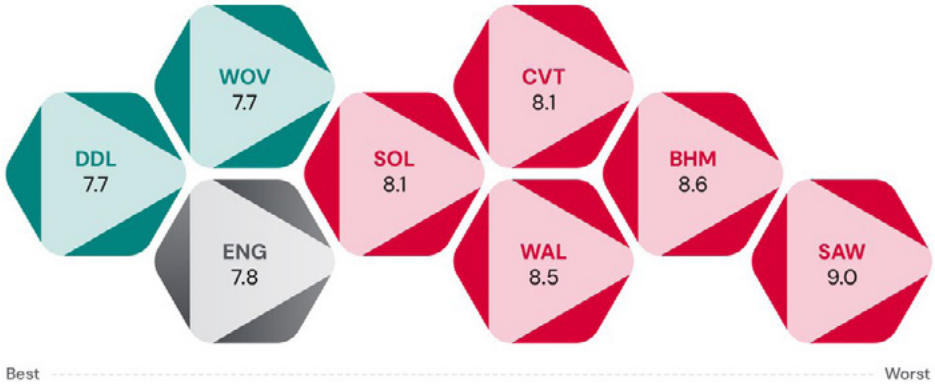
17. https://cresh.org.uk/2021/07/19/crime-and-violence-in-the-neighbourhood-affects-our-mental-health/

Air pollution: fine particulate matter

Academic research has begun to link poor air quality to mental illness. Research undertaken in 2023 found evidence that exposure to air pollutants may lead to depression, anxiety, psychosis and perhaps even neurocognitive disorders, such as dementia. Findings also show that exposure at critical periods such as childhood and adolescence might make them at risk of the most severe impact and significant future mental health problems.[18] The data shows that most Local Authorities in the WMCA area have poorer air quality than the national average. However the levels are all higher than the 2021 WHO published guidelines which recommends a level of 5mm^3.

Air pollution, fine particulate matter: concentrations of total PM2.5

2022

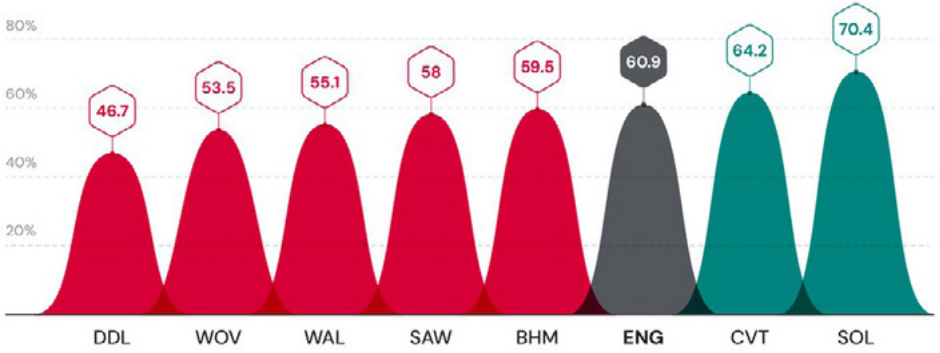


Feelings of belonging

Evidence shows that a sense of belonging plays and important role in our wellbeing, the stronger we feel connected to a place or community the greater our wellbeing. Lack of belonging can contribute to anxiety and depression. The Data for the WMCA area shows a much stronger sense of belonging in Solihull (where over 70% of respondents felt that they belonged in their neighbourhood) than in Dudley (less than half responded positively). Most of the Local Authorities in the WMCA had a smaller percentage of people who felt they belong in their neighbourhood than the national average.

People who agree with the statement: «*I feel like I belong to this neighbourhood*» (%)

16+ years; 2017/18



18. https://www.cambridge.org/core/journals/bjpsych-open/article/air-quality-and-mental- health-evidence-challenges-and-future-directions/FF3A143292CD1783BA7DC7B744573C5C

Regional Progress

The thirteen recommendations outlined in the Commission can be categorised across five key themes:

- Children and young people
- Mental health and the cost of living crisis
- Tackling racial inequalities in mental health
- Sport, exercise, physical activity and mental health
- Thriving communities and the voluntary and community sector

Children and young people

Mental health problems, such as anxiety or depression, can happen at any age. However, childhood and young adulthood represent a particularly important time for development and mental health. By understanding the things that can challenge good mental health, as well as the things that can protect and promote it, we can introduce policies and services that support children and young people to reach their full potential, preventing mental health difficulties from progressing to the point where it becomes difficult to cope.

- One in six children aged 5-16 are likely to have a mental health problem. This figure has gone up by 50% in the last three years.
- Between 2021 and 2022 alone, the proportion of older young people aged 17-19 in England with a probable mental health disorder jumped from one in six to one in four.
- Between 2020 and 2022, 62% of colleges reported a significant or slight increase in employees accessing mental health and wellbeing services.[19]

19. NHS England » One in five children and young people had a probable mental disorder in 2023

The Commission highlighted the importance of childhood in laying the foundations for good mental health across an individual's lifetime, with four key recommendations for action.

Action	Progress
1. Schools and colleges should adopt a 'whole school approach' to mental health. This approach should include evidence-based learning about mental health within school curricula and access to counselling and other forms of support alongside the expansion of Mental Health Support Teams.	• West Midlands Combined Authority have invested £1 million into a Thrive at College Pilot, co-developed with seven Further Education Colleges in the West Midlands to embed a 'whole college approach' to mental wellbeing including bespoke wrap around mental health support for those with behavioural challenges. • A range of programmes targeting children and young people's mental health were granted funding through the West Midlands Combined Authority Inclusive Communities Fund, in line and responding directly to the recommendations in the Commission.
2. All schools and colleges should work towards zero exclusions. Support for this should include external advice and help for schools to improve behaviour and support children with complex needs including 'managed moves' to give students a fresh start.	• Mental Health Support Teams (MHSTs) are working with Schools across the region to develop their 'whole school approach' to mental health and wellbeing, including support for parents and carers. • Strategies and targeted workstreams have been put in place across the region to specifically address exclusions, led by the Local Authorities. • Early Help are currently leading on a pilot programme that has been implementing a problem-solving approach to reducing exclusions and suspensions in Coventry and Warwickshire.

Thrive at College

Thrive at College is a £1 million pilot programme, developed in collaboration with seven Further Education Colleges in the region; South and City College, Telford College, Coventry College, Walsall College, Halesowen College, City of Wolverhampton College and Sandwell College.

We know that education settings play a vital role in promoting mental health and wellbeing and good mental health is important for helping children and young people develop and thrive. Taking whole college approach has been evidenced to lead to improved emotional health and wellbeing in children and young people. Working alongside industry experts, the programme has been designed around six key principles:

Mental Health Charter

Sign up to the Association of Colleges Mental Health Charter and work towards the core standards for promoting mental wellbeing

Mental Health Training and Resources

Ensure there is regular programme of training (including Mental Health First Aid and Suicide Prevention) and bespoke resources based on risk.

Peer Support

Provide a programme of peer support within the college and use this as an opportunity to amplify student voice and create a community of practice.

Staff Wellbeing

Support staff mental wellbeing through Thrive at Work, the West Midlands flagship workplace wellbeing programme.

Curriculum and Skills

Deliver core curricular and skills programme which include wrap around mental health advice and support.

Mental Health Support

Ensure mental health provision is available and signposting pathways are in place linking to local services and Mental Health Support Teams.

The WMCA has committed to supporting the delivery of the programme across all six principles, supporting colleges to embed and test the approach, as well as investing in evaluation of the programme to support future provision evidence base and provision.

The programme will initiate in September 2024 in line with the 2024/25 academic year. Evaluation will be conducted throughout the programme with a formal evaluation in place in July 2025.

Kickstarts Dance CIC - Inclusive Communities Fund

Kickstarts Dance CIC was established in 2014, with the aim of giving young people the opportunity to express themselves through dance. The objective, not only to give young people an opportunity to try a new activity in the West Midlands community, but to meet new people and develop relationships which will benefit all participants socially and mentally.

Our newly funded programme is made up of several strands:

- A free youth club with a bespoke focus on mental health and emotional wellbeing, promoting conversations about feelings as well as the opportunity for one to ones exploring issues and concerns including advice and signposting.
- Free counselling sessions for young people as well as other members of the community.
- Training and research in local schools, including courses delivered by Papyrus which aim to up-skill staff with additional knowledge on mental health so it can be incorporated into their teaching and policy development.

As part of the project development, we have routinely consulted with the young people from to see what they would like included.

Feedback suggested they wanted more opportunities to have confidential one to one conversations in order to help them understand their feelings.

The research we have done in schools thus far has showed us they want upskilling, that there has been a rise with mental health issues and that they are not equipped to deal with this. This was backed up by the statistics from CAMHS and from research by Papyrus which is why we have included the training as part of this project. As we progress through the project continuous feedback will be gathered and will be taken and implemented to ensure the community are receiving the exact support they need and want from us. Therefore, making sure the project is always steered by the beneficiaries.

KICKSTARTS

The Commission highlighted the importance of childhood in laying the foundations for good mental health across an individual's lifetime, with four key recommendations for action.

Action	Progress
3. All parents/ carers should have access to and be encouraged to take up evidence-based parenting programmes.	There are a large number of evidenced based parenting programmes in place across the region. These help and support parents and carers, giving them confidence and skills to support their children's emotional health and wellbeing.
4. Every West Midlands council area should have an early support hub drawing on the Youth Information, Advice and Counselling Services (YIACS) model or local equivalent.	Family Hubs across the region build on the early help offer, ensuring families with children ages 0- 19 can access integrated early help to overcome difficulties and build stronger relationships. Families can also access various support including health services (antenatal, maternity, health visitor, school nurses), infant feeding support, early years' education and childcare, youth services and relationship support.

City of Wolverhampton Council - HENRY

Wolverhampton is currently part of a Randomised Control Trial (RCT) for HENRY – Health, Exercise and Nutrition in the Really Young.

HENRY has the strongest evidence base of any national health and wellbeing provider in the UK with 'statistically significant' sustained changes in parenting, diet, physical activity, emotional wellbeing and lifestyle habits for the whole family.

The HENRY approach adopts a unique and highly effective way of working with parents which creates conditions for change to support families to adopt healthier lifestyle habits and behaviours and provide a healthy start in life for their children. It uses evidence- based behaviour change models including the Family Partnership Model, motivational interviewing, and solution-focussed support, along with information about a healthy start that is consistent with national guidance.

The 'healthy families right from the start' programme is being delivered within the RCT, targeting parents/carers of children aged 0-5 years. The programme consists of 8, 2.5-hour sessions delivered weekly. The programme covers practical parenting skills to achieve a healthy lifestyle, improving self-esteem and emotional wellbeing, changing habits and adopting healthier behaviours, goal setting, physical activity and active play, oral health and healthy eating.

henry
Healthy Start, Brighter Future

Solihull Metropolitan Borough Council - Family Hubs

In 2022, Solihull Metropolitan Borough Council was awarded £1 million of funding from the Department of Education as well as UK Shared Prosperity Funding towards developing a Family Hub offer in the area. Led by Public Health and now Children's Services, there are four Family Hub buildings situated in Solihull as well as outreach and a digital offer. This has been an important and challenging transformation programme for Solihull, as there were no Children Centres to convert to hubs for local families. Council departments are working in close partnership with the NHS, local voluntary community, faith and social enterprise organisations and families to deliver services in four hub buildings. Three hubs are fully operational in north Solihull and the hub in Hatchford Brook in Elmdon will open in September 2024. In north Solihull, the hubs are located in Smiths Wood (Elmwood Family Hub), Chelmsley Wood (Riverside Family Hub) and in Kingshurst (Evergreen Family Hub), which is operated by a local charity, the Colebridge Trust.

The Hubs have been strategically placed to target areas with vulnerable communities with complex needs. Additionally, there will be enhanced outreach in three areas, offering part-time hub services for part of the week without clinical or sensory space, and ad hoc outreach to broaden the reach of the offer. Community buildings, such as libraries, schools, and community centres, will be utilised for the outreach offer. The digital offer includes a **website** and app for families alongside a Start for Life Offer outlining services available to families from pregnancy up to starting school. The Solihull Family Hubs app is available for families and to notify parents/carers of activities in the hubs and can send automated push notifications when children reach milestones and transitions. It is available from **Google Play** or the **Apple App Store**.

The aim of the Solihull Family Hub Programme is to provide children aged 0-19 (and up to 25years for young people with additional needs) and their families the best possible start in life through a 'one stop shop' concept. The Family Hubs allow families to easily access a variety of support and services tailored to their needs, covering 24 service areas from maternity services, clinics, support for children and young people with additional needs, stay and plays, youth sessions, parenting programmes and peer support to financial advice, housing and domestic abuse support. The Family Hub initiative is an integral part of establishing a comprehensive Early Help framework in Solihull. By intervening early, the programme aims to support families and prevent issues from escalating to the point where statutory services are required. The Family Hub model enables a collaborative approach to working with families, to ensure families can get the right help at the right time without having to repeat their story.

Family hubs have large group spaces, smaller activity rooms, a clinical room, sensory room, 1-to-1 meeting rooms, social areas and a kitchen. An organisational development project is underway to support multi-disciplinary working across all partner agencies in the hub offer ensuring closer collaboration and smooth pathways directly addressing family needs. A workforce development strategy is in place ensuring all staff and partner agencies have access to training to upskill professionals and volunteers to work in the Family hub offer.

Since opening, the Solihull Family Hubs have received extremely positive feedback from families and stakeholders. Services are utilising the space and engaging with families as well as other services. Although still in the early days, there has already been numerous examples of families being supported through the hubs- whether through housing support, using the food and clothing banks or having a safe space for children to play and to meet other families. The hub offer will be monitored and evaluated to further shape service delivery into the future.

Mental health and the cost of living crisis

There is a strong relationship between money, resources and health. A good income allows us to obtain resources that are necessary for our survival and wellbeing, while at the same time avoiding the stress of managing life without enough money. Income can affect almost all areas of life, not only its material aspects, but also our social lives, both of which can have an effect on our mental health.

Financial or economic strain can be linked to income or debt, and generally refers to financial pressure, usually due to inadequate financial resources. This may include struggling to cope with debt or being unable to meet basic living costs. This financial strain can be a source of stress with research showing that people in financial hardship are at greater risk of mental health problems, such as anxiety, stress and depression. Moreover, there is evidence to suggest that financial problems cause these mental health issues, rather than being the result of those.

People with a low income are more likely on average to engage in unhealthy behaviours, such as smoking, high alcohol consumption, inactivity, high calorie intake and not taking advantage of preventive health services.

There is evidence that unhealthy behaviours compound the relationship between stress and ill health, and the range of stressors associated with low income may encourage people to drink, smoke or reduce exercise to cope with these pressures.[20]

20. Relationship between income and health - The Health Foundation

The Commission outlined a body of evidence indicating financial wellbeing as a major determinant of mental health and the biggest single factor in explaining mental health inequalities, with three recommendations for action.

Action	Progress
5. WMCA region should become a 'Living Wage Place' with every major public sector body achieving Living Wage Foundation Accredited by 2026 and a region-wide campaign run to get other major employers accredited.	• WMCA collaborated with the Living Wage Foundation to deliver a series of workshops with stakeholders in the Health and Social Care sector to encourage employers to pay the real living wage, understanding the barriers to doing so as well as exploring collaborative solutions to these challenges. • Work led by the ICB, to develop a social value Charter and framework will provide the mechanism for a system-wide conversation about a commitment to the real Living Wage. There is potential to include this within the Charter, and for individual partner organisations to make their own associated pledges. The informal Anchor Alliance provides another forum for consideration of this issue.

Action	Progress

6. Public sector organisations in the region should adopt social value principles in procurement, putting money in the pockets of local people and organisations.	• All public sector organisations have legal duties around social value in procurement processes (Public Services (Social Value) Act 2012).
	  • Coventry and Warwickshire ICB has joined a national social value network hosted by AGEM and is working with them as an early adopter to provide a focus and framework for social value activity within the ICS.
	  • Birmingham and Solihull ICB has developed a social value framework and also invested £21.95m into a Fairer Future fund which will deliver progressive commissioning approaches enabling consortia and alliances, small grants programmes rooted within communities and community organisations.
	• Social value will be further explored through the adoption of a Marmot Region.

7. Welfare advice should be provided to anyone in the West Midlands using mental health services, including NHS Talking Therapies. This service should include support with personal finances, housing rights, legal issues and employment	• There are a diverse range of welfare advice organisations and support available across the region with various mental health offers supporting and signposting people towards welfare and other care advice. • A pilot led by the Black Country ICB commissioned dedicated welfare rights support to understand the need for the SMI population, with over £2.5 million raised in unclaimed benefits and 8 out of 10 service users who received a check, eligible for more benefits.

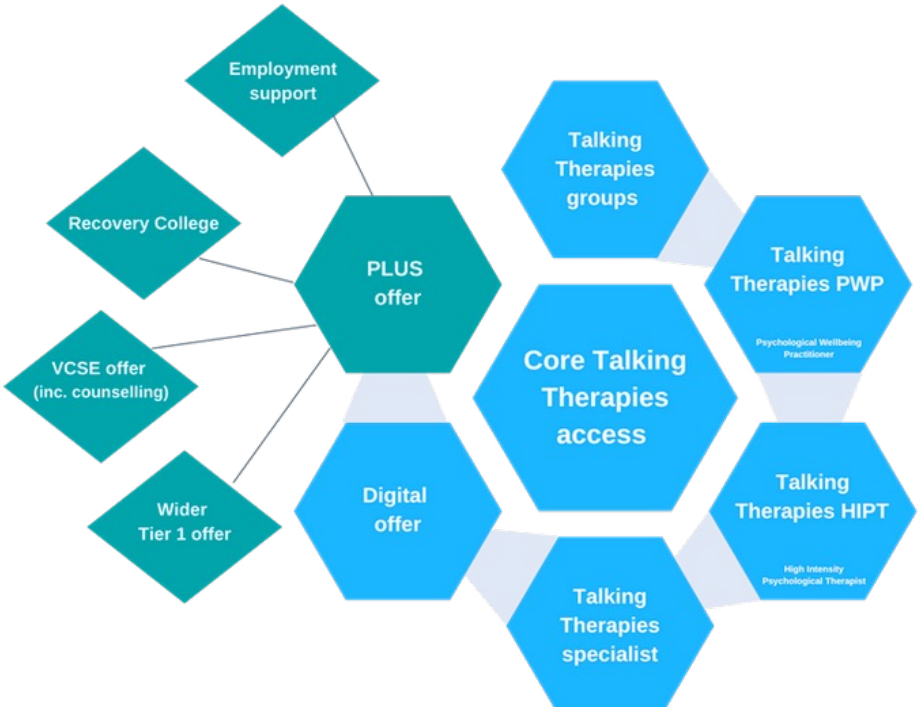
Birmingham and Solihull ICB - Community Mental Health Wellbeing Service

The Community Mental Health Wellbeing Service offers support relating to wider determinants of health, helping people to resolve issues affecting their wellbeing such as money, work and housing. This is part of the role of the Care Navigators within the new Neighbourhood Mental Health Teams which are in place across the whole of Birmingham and Solihull.

Black Country ICB - Talking Therapies 'Plus' Model

A complementary, flexible and creative approach to delivering talking therapies. This will include counselling that may not be NHS Talking Therapies Manual compliant, but will still be expected to demonstrate effective clinical outcomes. The therapies will be specifically targeted to those communities that have previously been underrepresented in Talking Therapies or have not seem outcomes comparable to White British users (Black, Asian and Minority Ethnic Groups; Refugees and Migrants; LGBTQ+; Older Adults; Deaf & hearing impaired; men). The service will provide access to therapists with a large range of language skills and match users to therapists with the same background.

The service supports those who need access to Talking Therapies but are currently unable to - providing digital training and access, providing trusted advocacy or pre- Talking Therapies preparation or building trust and confidence between NHS Services and previously undeserved communities.



Mental Health and Productivity Pilot (MHPP)

The MHPP project was a multi-disciplinary partnership led by Coventry University with support from the University of Warwick, Mind, and the West Midlands Combined Authority. Delivered in two phases, it brought together academics (including economists and policy analysts), occupational and clinical psychologists, psychiatrists, public health specialists, mental health practitioners and wellbeing service provider delivery leaders. This case study demonstrates the successful implementation and impact of the project, providing a model for future workplace mental health initiatives.

Methodology

Roll out of a series of robust/evidence informed tools to deliver workplace wellbeing agendas that included Thrive at Work and Mental Health at Work as well as Oscar Kilo, Every Mind Matters, Mental Health First Aid, and This is Me.

The Thrive at Work Accreditation (TAW) intervention was provided free of charge, to organisations within the Midlands throughout both phases of MHPP. In MHPP1.0, the intervention was provided as a holistic workplace population level intervention which guided employers to good practice approaches. For MHPP2.0, amplification of TAW continued with several organisations signing up to take part in the MHPP Enhanced Offer.

Initial meetings were held to outline the MHPP intervention and natural experiment. All the interventions undertaken started with data collection at the employer and employee level. A bespoke action plan was created for each organisation reports were shared to each participating organisation at two timepoints: at the beginning and end of their engagement. Organisations chose whether they took part in the low, medium or high- level MHPP intervention. After 6 months follow-up data was collected on workplace wellbeing practices implemented. This informed a second report presented to organisations.

Phase 1 – July 2019 – July 2022

Focus on initial implementation and holistic workplace interventions with these aims:

- To contribute to a social movement promoting mental health and wellbeing in the workplace
- To reduce the impact of poor mental health in the workplace and barriers to employability and productivity
- To deliver evidence-based, locally relevant, tested, and sustainable solutions

Phase 2 – July 2022 – March 2024

Additional funds supported continuation of the programme with a focus on the following additional aims:

- To develop a universal set of minimum data variables, founded on robust academic methodology, enabling baseline and post-intervention analysis across all interventions
- To target engagement and promotion to diverse organisations (size, sector, location)
- To provide individualised support to organisations with limited understanding of workplace mental health needs. This was key to encouraging engagement.

This phase also includes a natural experiment (MHPP 'Enhanced Offer'), further amplification of the organisational interventions and further testing of the academic interventions and follow- up data collection and reporting after 6 months.

Key findings

- Engagement and communication remain key enablers and should be funded and appropriately resourced (human and digital) from the outset.
- The complexities and instabilities in an organisation's 'working day' result in competition for resources, and activities seen to have longer-term benefits/impact are often not given high priority.
- There was not a "one size fits all" approach.
- Organisations who were supported felt more able to achieve the outcome faster.
- Investment is the difference between making sustainable change as opposed to a temporary fix.

Impact on Productivity

The project addresses the productivity puzzle by linking mental health at work to organisational productivity, showing promising returns on investment through cost savings from reduced absenteeism and presenteeism, which can offset the initial expenditure on implementing the programme.

Work undertaken during the natural experiment demonstrates support from engagement officers enabled organisations to go further faster, but whilst organisations recognise the importance of workplace wellbeing, budget remains low. Emerging evidence suggests cultural shifts are being made, which in turn - over time - could lead to improved health.

Conclusion

Creating a supportive culture around mental health, felt at ground level, may be the key to successfully implementing effective workplace mental health initiatives. The study highlights the importance of tailored support, engagement, and investment in achieving sustainable changes. Further exploration of the comparative benefits of individual versus organisational level interventions is needed to optimise workplace mental health strategies.

Tackling racial inequalities in mental health

There are stark inequalities in mental health outcomes and mental health care between ethnic groups in the UK. Disparities point to both the direct and indirect impacts of structural racism across our society, with Black communities most affected.

Racial inequalities in mental health also intersect with other inequalities and protected characteristics. For example, communities with the lowest incomes and least resources tend to have higher rates of poor mental health and disproportionately coercive treatment from mental health services. It is important to note that racialised communities are often disproportionately exposed to these wider inequalities, such as poverty, due to longstanding and structural race inequality.[21]

- People from African Caribbean communities are three times more likely to be diagnosed and admitted to hospital for schizophrenia than any other group.
- Irish Travellers are six times more likely to die as a result of suicide than non-Travellers.
- Black and minority ethnic people are 40% more likely to access mental health services via the criminal justice system than white people.[22]

21. Facts and figures about racism and mental health - Mind
22. Mental health: cultural competency is key to improving outcomes for ethnic minority patients, leaders say | The BMJ

Stark inequalities in mental health outcomes and mental health care between ethnic groups were evidenced within the Commission, leading to three recommendations for action.

Action	Progress
8. The three integrated care systems in the area should support and invest in community-led infrastructure so that they are able to deliver credible and safe mental health support for people from racialised communities in the region. These organisations should be supported to build capacity, form networks for support, and become more sustainable.	• In Coventry and Warwickshire, the Cultural Inclusion Network (CIN) comprises grassroots VCFSE organisations who are both from and work with racialised communities. • Funding has been awarded to Cultural Inclusion Network) to support the engagement work of CIN members and develop 'Understand Me' resources bank.
9. The NHS should seek to make the mental health workforce at every level and across all disciplines more representative of the communities it serves.	• Addressing all inequalities, including racial inequalities, is a key system priority outlined in Birmingham and Solihull's Inception Framework, 10 year master plan and Health Inequality strategy and the basis for the delivery of improved outcomes for our citizens as well as a the development of a culturally sensitive workforce to meet these needs.

Action	Progress
10. ICS Partnerships and ICS Boards should invest in enabling the voice of marginalised communities to inform and be actively involved in decision making and this should explicitly include approaches to enable the voices of people living with mental health issues and with lived experience of these conditions.	• The Black Country Lead Provider has convened a system wide Mental Health Stakeholder Forum which brings together circa 400 VSC's and grassroot community organisations. • Through this forum a more joined up partnership model of working has been fostered across partners underpinned by a collaborative procurement framework, where partners work collectively to develop culturally sensitive support for people from racialised communities. This has led to investment via the Lead Provider in a range of initiatives targeted to provide support to marginalised communities and to those furthest away from support.

Young Combined Authority

The West Midlands Combined Authority (WMCA) launched the Young Combined Authority (YCA) in 2019 to empower young people to influence regional decision-making, with the Positive Youth Foundation (PYF) serving as a delivery partner.

In October 2023 the YCA and Faith Strategic Partnership Group (FSPG) collaborated for a mental health roundtable event, bringing together Faith leaders, Young People, Youth workers and Mental Health Professionals to explore Youth Mental Health and to highlight the important role faith settings play in supporting the mental health of young people.

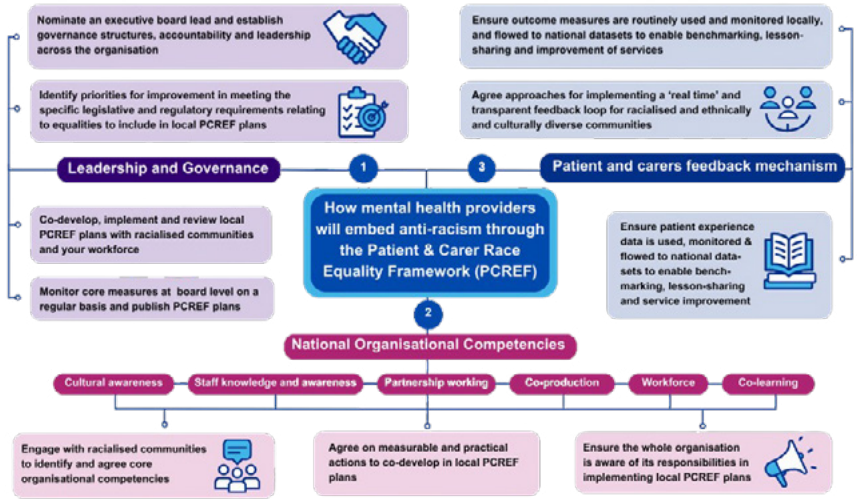
During the roundtable, 47 people from various community backgrounds discussed mental health support in faith settings, exploring what is already happening in their communities, identifying challenges and exploring ways to improve the current situation. A positive next step was the decision to include mental health commitments in the WMCA Faith Covenant, and to create culturally sensitive mental health workshops in collaboration with The Delicate Mind and Taraki.

Talha Ikhlaq, a member of the Young Combined Authority, said: “The role of the YCA is to represent young people across our region, to influence decision-making and to provide the youth perspective on social issues. When it comes to mental health, we are a voice that recognises cultural and age disparity and we are a voice that understands that this sector needs to adapt to the problems young people now face, whether it be rising crime and cost of living or academic stress, social media influencers, climate change and Covid.”

Patient and carer race equality framework (PCREF) - NHS England

NHS England has launched its first ever anti-racism framework: the Patient and carer race equality framework (PCREF), for all NHS mental health trusts and mental health service providers to embed across England. This mandatory framework will support trusts and providers on their journeys to becoming actively anti-racist organisations by ensuring that they are responsible for co-producing and implementing concrete actions to reduce racial inequalities within their services. It will become part of Care Quality Commission (CQC) inspections. The PCREF will support improvement in three main domains:

- Leadership and governance: trusts' boards will be leading on establishing and monitoring concrete plans of action to reduce health inequalities
- Data: new data set on improvements in reducing health inequalities will need to be published, as well as details on ethnicity in all existing core data sets.
- Feedback mechanisms: visible and effective ways for patients and carers to feedback will be established, as well as clear processes to act and report on that feedback.
- The anti-racism framework brings ground-breaking change to the sector, building on progress achieved locally, and promoting a whole new dimension of coproduction, where individuals and communities are at the heart of the design and implementation of the services they need.



Belgrade Theatre Trust - Inclusive Communities Fund

REVEALED: a production and co-created programme of community engagement activities

REVEALED explores themes of intergenerational mental health amongst black men, connectivity, sexuality and toxic masculinity – through a (new) production and programme of 'wraparound' co-created activities. The production will take place at the Belgrade (October 2024), with inter-dependent and extensive relationships with industry/third sector networks, communities, and creative associates across the Midlands.

REVEALED components includes:

- Production of a play - part of the Belgrade's commitment to investing in (and supporting) local legends. The play deals with themes of family, intergenerational issues, how we love, toxic masculinity, riots, police handling, family rifts, sexuality, and being a young black man and the mental health challenges that can manifest.
- Photographer documenting family stories, to reflect connectiveness across the region – resulting in a physical/ digital exhibition, documenting potentially difficult discussions and amplify communities' stories. Bridging the gap between the seen and unseen, gaining a deeper understanding of what lies beneath, and finding voices and connections.
- Workshops with School / Community / ELC – working across the region to explore the play's themes and used as a catalyst for learning, growth, healing, and social impact.
- Creative responses to the play and wraparound activities – captured by the photographer and used as discussion points.

Through values of Collaboration, Evolution/Growing, and Authenticity/Being Yourself - our mission is to be an enriching, people-powered theatre, a place for transformative experiences, diverse storytelling, and mutual learning, helping write the script for our city and region. We understand theatre's unique ability to bring communities together. It provides a collective experience to which everyone has a personal response. With the people of Coventry and wider region, we will create an inclusive and reciprocal learning theatre, producing high-quality theatre to share our community's diverse stories - and inspire the World.

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The arts change lives. We believe creative and community engagement opportunities should be accessible to, and inclusive of, everyone. We are excited to work with (and learn from) our local communities to explore their civic democracy, potential, transformative skills, and to show how the arts can serve some of the biggest health challenges we currently face, whilst increasing social cohesion. We are incredibly grateful to the Inclusive Communities Fund, for supporting this important aspect of our work at the Belgrade.

- Corey Campbell, Creative Director, Belgrade Theatre

Sport, exercise, physical activity and mental health

There is evidence that, with the right activity and the right support, the mental health and wellbeing of people of all ages and abilities stands to benefit from physical activity. The benefits include:

- **Managing Stress** - regular physical activity helps manage stress levels.
- **Improving Sleep** - exercise can lead to better sleep quality.
- **Enhancing Mood** - physical activity positively impacts mood and reduces symptoms of depression and anxiety.
- **Boosting Confidence** - achieving fitness goals can improve self-esteem and confidence.
- **Connecting with Nature** - outdoor activities allow us to connect with nature, which has its own mental health benefits.
- **Socialising** - engaging in group activities promotes social interaction and helps meet new people.
- **Brain Function** - exercise supports memory and brain functioning.
- **Heart, Muscle, and Bone Health** - regular physical activity contributes to overall health and reduces the risk of certain long-term conditions[23]

The Commission recognised that physical activity could help prevent and manage mental health problems as a protective factor for mental ill health, with two recommendations for action.

Action	Progress
11. Mental health services should provide ready access to physical activity opportunities for anyone who is waiting for support or currently receiving it. Physical activity should be built into treatment 'pathways' as a routine element of good mental health care.	• WMCA, in partnership with Sport England, have identified funding to enable better understanding of where on the mental health pathway, physical activity good be most effective. This funding will be open to ICBs in the WMCA area in the near future. A huge range of programmes targeting physical activity and mental wellbeing have been granted through the Inclusive Communities Fund, in line with the recommendations in the Commission. • Across all ICBs, people with severe mental illness (SMI) are eligible for an annual physical health check and individuals can receive a check in primary care or secondary care in a location that works for them. Information about follow up support and interventions are offered and support to access these is offered. A key priority is to consistently enhance the follow up offer following the health check including through lifestyle services.

Action	Progress
12. The WMCA and local authorities in the region should work systematically to reduce barriers that may prevent local people from engaging in physical activities – cost, lack of culturally appropriate options, transport including traffic, pollution and lack of active travel infrastructure, safety, and the range of activities on offer.	• The ICB Mental Health Collaboratives have been developed to increase support to organisations representing marginalised communities. • Commissioning intention conversations have included these organisations to inform decision making that represents perspectives of those with lived experience. • PCREF community conversations are taking place to inform commissioning community lead independent service users, carer and community feedback and accountability mechanism.y

Improving outcomes for people with SMI - Coventry and Warwickshire ICS

Coventry and Warwickshire Integrated Care System (ICS) received a Health Service Journal (HSJ) award in recognition of their efforts to reduce the difference in life expectancy for people with Severe Mental Illness (SMI) compared to the rest of the population, also known as the mortality gap, which currently stands at 15-20 years.

The ICS has introduced an approach that aims to help prevent people with SMI dying earlier than they should due to preventable and treatable physical health conditions.

This involves offering personalised support to individuals with SMI, including making them aware they are eligible for a free annual physical health check. There have also been two new services developed, a 'virtual hub' and a mobile unit, to make vital information and support as accessible as possible.

The work undertaken by the ICS saw an increase in the percentage of people on the SMI register receiving physical health checks increase from **10.4%** in June 2021 to **67.8%** in March 2023 – above the national target of 66% set out in the NHS Long-Term Plan.

Excellent partnership working across the health and care system in Coventry and Warwickshire was vital to make this change, with primary and secondary care, mental health teams at Coventry and Warwickshire Partnership NHS Trust, VCFSE organisations, the Integrated Care Board, GP Alliance, local authorities and NHSE all being involved in the delivery of the project.

Key to the success of this work has been engagement with individuals with SMI and their families. Rather than focusing on numbers or targets, the team focus on ensuring that the individuals who access services are seen as people with real lives and real experiences, which allows them to understand their needs and adjust the services accordingly. There has also been significant input to the approach from clinicians and staff who deliver the service, meaning that everyone involved has had the opportunity to shape what it looks like.

Thriving communities and the voluntary and community sector

As social beings, community is essential in order for us to thrive. In times of distress, being able to lean on a community can be an essential aspect of self-care. Community is important for so many reasons – it provides us with a sense of belonging, acts as a powerful source of support, and offers a feeling of purpose.

Strong communities are vital for all of us. But they don't just 'happen'. They rely on investment in the critical infrastructure that underpins them. This investment leads to economic and social prosperity, improved wellbeing, and individual and collective security.

It is well recognised that the voluntary and community sector is particularly well positioned to deliver services for populations who are marginalised or who experience discrimination. The sheer breadth and diversity means that organisations play a critical role in addressing health inequalities and improving mental wellbeing at place.

The sector offers huge amounts to local areas, through the services they provide, the wealth they generate, and the people they connect, engage and empower. At a time of rising pressure on services and tough financial constraints, it is more important than ever that we harness their local strengths and build successful partnerships.[24]

24. Strong communities don't just happen: Springvale's story | Scanlon institute

The Commission acknowledged that community wellbeing is more than the sum of people's individual wellbeing and that communities that have good mental wellbeing have strong social networks, trust and reciprocity as well as power and control. This resulted in a very important final recommendation for action.

Action	Progress
13. Integrated care systems should fund and commission voluntary and community sector partners to maximise their sustainability while retaining their independence, flexibility, and creativity. This may mean offering longer-term funding, encouraging provider alliance arrangements between voluntary and community sector organisations, and using grant programmes to support innovation. There is good evidence that voluntary and community sector organisations can deliver better outcomes by tailoring support to diverse communities.	VCFSE partners are either providers in their own right or partners in provision, in a number of the commissioned services across the region, for example: • As one of our commissioned providers of talking therapies • Providing helpline, talking spaces/crisis cafes, recovery centres, IPS service (supporting people with SMI to access and maintain employment) • VCFSE workers embedded in intensive community rehabilitation team • VCFSE workers embedded in a number of pathways in roles such as peer support workers and housing navigators.

Culture Inclusion Network - Coventry and Warwickshire ICS

The Cultural Inclusion Network (CIN) is at the very heart of tackling ethnic and racial health inequalities in mental health services across Coventry and Warwickshire.

Developed in 2022, the CIN has been coproduced to bring grassroots VCFSE organisations serving ethnic minority communities together to meaningfully shape and influence decision-making and service redesign. It has also provided funding opportunities for these organisations to increase support and engage with their communities to raise awareness of services and identify barriers.

The CIN demonstrates the positive and powerful impact of community ownership and engagement in tackling health inequalities, and the benefits to patient experience.

The CIN has offered opportunities for the system to be responsive and personalised to account for the differences and preferences that exist in a patient cohort or a group. Through the CIN, CWPT and CWICB have access to a specialist group of people with lived experience who are on board from the beginning of a project. Coproduction in the early stages of a project means identifying any issues and barriers early to design healthcare services that are culturally competent and sensitive from the beginning.

This work supports a cultural shift to early intervention and prevention for people with mental health illnesses, which disproportionately affects people from black and ethnic minority backgrounds.

Rani Saund, Chief Executive Officer at CIN member organisation, Sahil said “The Cultural Inclusion Network, in my opinion, is a great way for Coventry and Warwickshire’s various community organisations to have a voice and power. I observed the effects of this in a brief period of time. With the crucial assistance of the CIN members and statutory and health experts, excellent progress has been made in establishing new, impactful, and inclusive models.”

Working with CIN members utilises their existing relationships with, and knowledge of, their communities so we can reach far more people than we ever would alone.

An evaluation report of fair shares funding to CIN members showed that community and peer support helped individuals to gain confidence and autonomy in looking after their health and wellbeing, and that there is a benefit in upskilling VCFSE organisations that are managing a higher level of risk in the community

Ordinary Magic C.I.C - Inclusive Communities Fund

Taking a Holistic Approach to Supporting Children and Young People.

The Connected Care Model is based around a premise that in order to make sure that the needs of children and young people are met in a local area, there needs to be less fragmentation of services, less siloed working, and ease of access across professional and other boundaries to make support easier and personalised for those that experience it. To put it succinctly we aim to combine horizontal and vertical integration (joined up care) to create a community that meets the need of each Child and Young Person in it!

Our approach to achieving this and supporting the Mental Health of Children and Young People is to recognise that singular issues, especially those that are low level, rarely occur in isolation. These concerns are often indicative of more complex health and social issues that require a broader spectrum approach to health and well-being. Our model provides a unique perspective to support those in need and our team is well-connected to both statutory services and the VCFSE sector and has the support and help in co-production of this model.

The integrated model of care we have designed is a single front door interface, where we are co-coordinating, driving and enabling integration through assessment, planning and delivery across local health, social care, education and voluntary and community services. Making the right care at the right time in the right place easier to deliver; regardless of care being delivered by different providers and different settings. We believe that through use of our model which is set up to achieve true integration - there will be less delay, confusion, repetition and duplication of services which is a win-win for both the community and the services that serve it.

To support our vision to work we are being truly pioneering by linking computer systems vertically, creating a hub led and ran by experts from the VCFSE and the NHS that has no bias other than the best needs of the children in their community and bringing together the raft of amazing community and voluntary services to collaborate as a collective in providing support. We aim to ensure that children feel a part of their community, have many safe spaces and trusted adults to support, can wait well if they require further statutory services and have a safety net waiting for them when they step down from mental health and wellbeing services. Most importantly we know that our model stops children falling through gaps and is already identifying where those gaps are and informing strategic change across both the local authority and the NHS. We also believe support should be fluid and consistently changing – like mental health is and that it should start from the door of each child who needs us - not our doors and our projec is set up to make sure this becomes a reality!

What more can we do?

Whilst it is clear that a lot of progress and investment has been made since the last Mental Health Commission Report, we are still a long way from observing a reduction in the prevalence of mental ill health in the WMCA region.

Although the five areas of focus still remain a priority for both the WMCA and our wider system partners, now is an opportunity to reframe our focus even further, using our influence as a combined authority to shape the conditions that create environments for good mental health and wellbeing.

Mental Health Commission Legacy - Community of Practice

Capitalising on the traction of the commission, and informed by examples of best practice, a West Midlands Mental Health Commission Legacy Community of Practice will be initiated in September 2024.

This group will:

- Provide oversight of the recommendations set out in the Mental Health Commission, identifying barriers and challenges to delivery which can be collectively addressed, as well as highlighting opportunities to work on economies of scale.
- Create a space for people and organisations to come together, share expertise and knowledge, and collaborate.
- Help to build a picture of common challenges, gaps and enablers for advancing mental health equalities across the West Midlands.
- Collaboratively celebrate and analyse good practice, highlighting successes that have the potential to be spread across different areas.
- Support continuous communication on relevant programmes, policies and initiatives at local, regional and national levels.
- Oversee the launch of a 'lived experience series' which highlights some of the key challenges that impact poor mental health, focussing on thematic risk factor of mental ill health IE: worklessness, bereavement, homelessness etc.

Health of the Region 2024

Later this year, Health of the Region 2024 will be published, setting out the WMCA's commitment to driving health improvement through our policy making and devolved responsibilities. We know that people with mental health problems face numerous injustices and disadvantages in life, with higher levels of physical health problems, disability, unemployment, poverty, debt, homelessness, poor housing, drug or alcohol dependency, crime victimisation and contact with the criminal justice system. It will only be possible to address these injustices if mental health is put at the heart of our policy making, and with the same parity as physical health. In formalising our Health in All Policies approach and through the development of our policy logic models, we can begin to monitor our impact, but recognising that shifting the dial in health isn't something we can do alone.

It is with this recognition, that the newly formed Health Equity Advisory Council (HEAC), which brings together leaders from the region's NHS ICBs, ICPs, OHID, NHS England and local authority public health teams, chaired by the West Midlands Mayor, is establishing a pragmatic approach to system alignment in the region, capitalising on mayoral leadership in this space. The HEAC serves as the cross-reference group on health with a special focus on system wide alignment on health inequalities and has chosen one key priority area of focus to test this approach, physical activity. We know from the evidence gathered by the Mental Health Commission, that physical activity is a significant protective factor for mental wellbeing, but so too are the drivers and levers that promote and encourage residents to engage in physical activity.

Marmot Region

In 2010, Professor Marmot first proposed a set of guiding principles as the framework for action to reduce inequity. He has continued to advocate for these guiding principles in his subsequent review of Inequity in England 10 Years On and of COVID-19 and Health Equity.

The Marmot principles are informed by the social determinants of health or the 'causes of the causes'. In other words, the building blocks we need in place for everybody to be able to live healthy, fulfilled, dignified lives - warm homes, healthy food, fair work, good education and skills, secure income, transport, pleasant surroundings and supportive family, friends and communities.

The residents within the WMCA region, continue to face health challenges, with little progress observed for many over the last decade. People in the WMCA region continue to die earlier than the England average. Aligning with national trends, life expectancy in the WMCA is declining, but notably, the gap between the WMCA life expectancy and the England average is widening even further.

In several aspects, we perform less favourably than England: higher mortality rates for cancer, cardiovascular disease, and respiratory diseases; lower rates of physical exercise; higher rates of obesity, and worsening conditions contributing to the fastest growing rate of child poverty in England. The impact of poor health extends beyond individuals and families, affecting the ability of our region's economy to thrive and generate value for reinvestment in our communities. By addressing the wide determinants of health such as housing, employment, transport and environmental conditions, WMCA can help create a healthier, more equitable region.

The benefits in pursuing the adoption of a Marmot Region are substantial. Not only can this lead to improved health outcomes and reduced healthcare costs, but it can also foster social cohesion and economic benefits by reducing productivity losses due to poor health. Engaging with this comprehensive approach will allow the WMCA to lead by example, potentially setting a benchmark for health equity that could inspire similar initiatives across other regions.

In 2013 Coventry became a 'Marmot City' using the framework to tackle the city's health inequalities. All policies and services commissioned across Coventry, such as housing and transport, now take into account the impact they will have on health equity before they are implemented. This has led to stark reductions in inequalities. In 2015, Coventry was ranked the 60th most deprived local authority, and this dropped to 81st in 2019. The proportion of people considered the most deprived in the local authority reduced from 18.46% in 2015 to 14.36% in 2019, with this drop in percentage points being higher than the trend seen elsewhere across the country.

Sport England Partnership

Reducing physical remains a priority area of focus for the WMCA, facilitated largely through our partnership with Sport England.

In July 2023, the WMCA and Sport England developed a long-term Memorandum of Understanding (MOU) focused on utilising expertise and investment to reduce inequalities in access to physical activity and use Sport as a lever to improve overall physical and mental health. The WMCA has since, led insight and intelligence gathering on the barriers, best practice and enablers to reduce the inequalities in physical activity to improve mental health equity as well as making physical activity more inclusive and accessible for LGBTQ+ and disabled people.

The £5.5m Sport England funded Commonwealth Active Communities was the flagship Commonwealth Games Sport Legacy Programme, focusing on delivering four place based partnerships between stakeholders to understand and address the barriers which prevent people getting active.

- Solihull Active Minds has led to borough wide action to get more people active to improve their mental health and wellbeing
- Coventry Moves focuses on activating streets and parks and encouraging elderly people and people with health conditions to get active
- Black Country Moving's Community Connectors are helping people overcome these barriers and make more active lifestyle choices
- Active Birmingham also has community connectors and helping people get active via an activity finder.

All are building capacity in local communities and working with local authorities on implementation. The WMCA is now funding the extension of this work for the next 3 years, including the monitoring, evaluation and learning led by Coventry, Hartpury and Sheffield Hallam Universities, focusing on progress in creating the conditions with the community needed for sustainable long-term change.

West Midlands Race Equalities Taskforce

The West Midlands Race Equalities Taskforce (RET) was set up to take action that will improve opportunity for all of our racialised communities. We know from the evidence presented in the commission that racialised communities experience additional barriers to success and challenges in life, from finding it more difficult to get good jobs, transport and housing to having poorer experiences in education, health and criminal justice. All of these challenges have a profound impact on mental wellbeing, whilst in many cases mental wellbeing can exacerbate these challenges further.

Race equality will be the feature of the West Midlands Young Combined Authority Youth Summit later this year, with mental health as one of the key thematic areas of focus. This not only gives us a unique opportunity to review the Thrive at College Pilot through a race equality lens and ensure the core principles of the programme are inclusive, but ensures that young people are core to the design and delivery of the programme.

Nothing about Us, without Us

Experts by experience provide us with an authentic and firsthand perspective on mental health challenges and the effectiveness of support interventions. Their valuable insights can help us in identifying gaps in case, suggest improvements and ensure that services are patient centred. By sharing their stories and experiences they help professionals and policy makers understand the real life implications of mental health issues and the importance of compassionate care. They also help to reduce stigma, normalising mental health discussions and encouraging others to keep help without fear of judgement.

In order to influence the broader societal effort to understand, accept, and effectively address mental health issues, it is critical that we help amplify those voices which inspire new lines of inquiry and innovative approaches to treatment and care. In this report we hear from a selection of experts whose feedback is crucial if we want to go further to impact the attitudes and skills of everybody, not just mental health workers.

It is important to remember that some people's words can be triggering, but have been kept in this report to preserve the integrity of their experience.

> **Trigger warning: this section has references to suicide and many types of mental health experiences including anxiety and depression. If you need to talk to someone call the Samaritans on 116 123.**

Mike McCarthy

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Statistically he was just one of the six thousand plus we lose to suicide each year. But to us, his family, his loss created an eternal void which has profoundly damaged and traumatised our once happy unit.

The phone call came from our son's fiancée at 3 o'clock in the morning. In the middle of that February night, she had found our beautiful, beloved Ross (and I will not sanitise the scene) hanging from the landing staircase by his neck. For this is so often the truth of suicide. It is brutal, violent and traumatic. It doesn't rest in the mind of those left behind as a soft blurred-focus memory resembling the in-sympathy cards featuring white feathers and candles. There is no mental mechanism I can use to erase the image in my mind. There is nothing to remedy the horror his death has inflicted on all of us not least the woman he loved - the fiancée who tried vainly to resuscitate him for 15 minutes. There is nothing to provide answers to those persistent and intrusive questions: Did I fail as a dad? What was going through his mind at the end? Did he cry alone?

Three years on ripples of grief continue to flow through our lives. There is little we can do as a family it seems to bring Ross's sister back from the torment triggered by the sudden departure of her best mate and devoted confidante.

There is no-one who can ever replace Charlie's dad. Together father and three- year-old son had spent the previous day building a snowman in their garden. Now, three years later, the boy aged six sometimes speaks of a sadness he can't explain. He's not ready for it yet but one day we will have to show him daddy's farewell letter which urges 'his little man' to be brave in the years ahead.

That same letter was taken away by the police within a few hours of Ross's death. It was his voice and we were not allowed to hear it. Within the two hours it had taken me and my wife to drive from our house to his the letter had gone. The police officer sent to deal with the death had taken it. It was an act I completely understood given that it was an 'unexplained' event but, to my dying day, I will struggle to understand why we couldn't have a copy. For a week we pleaded to be able to at least see the letter. It was, after all, our son's final words. It was the one thing that might have been able to offer some kind of explanation, some kind of 'logic'. But no, "the police computer wouldn't talk to the coroner's office computer," we were told.

This was at the darkest moment of our lives. I felt like I was falling uncontrollably through a void scrambling for something to hold onto and fearing that I would keep falling forever. I don't blame any individual but "the system" is glacial to the point of institutional cruelty. Like the nation's approach to suicide itself the enduring pain inflicted on so many in its aftermath is overlooked, neglected and sometimes ignored. So much so that statistically suicide in the UK has stagnated for more than 15 years. A silent catastrophe without parallel.

As for Ross - his death, like so many more, was the result of a scream that went unheard. He had suffered for ten years with depression and had tried desperately to find salvation. He had sought counselling for bipolar disorder and had been put on a six-month waiting list. But you can't tell depression to wait. You can't simply suspend suicidal thoughts until the state is ready. Ross died two weeks into the wait.

Whenever we hear about NHS waiting lists it seems to be entirely in relation to physical operations such as knee and hip replacements. They are important of course but how come we never hear about the mental health waiting lists?

Ross may no longer be here but I will be his voice and increasingly other bereaved loved ones are refusing to stay quiet and instead 'speak their name. " Who else will speak for the six thousand plus each year? It's time to draw back the veil that covers this societal outrage.

Every relevant agency should be joining in the growing calls for what we politely call "parity of esteem" . Please call it what it is: a scandalous imbalance where mental health doesn't come close to physical health in terms of research, funding, attention, media coverage, political interest etc. etc…because the alternative is something that has caused so many deaths and pain for so long: Silence.

Anna Wardley

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My Dad, Ralph Warley, died by suicide when I was 9 years old: a loss that has had a far reaching impact on both my own life and the lives of those around me. It was my experience of parental suicide that motivated me to apply for a Churchill Fellowship to improve support for the children left behind.

My dad was a larger than life character and nobody ever forgot. He travelled with my mum to Turkey, Persia and Afghanistan on the hippie trail in the 1960s and built his own business from scratch after a difficult start in life and a stint serving in the Merchant Navy.

On the 17th of August 1985, we experienced challenging times after my dad suffered a major stroke in 1979, which left him unable to drive or do many of the things he loved including sailing, one of his greatest passions. As an antiques dealer and furniture retailer, he was no longer able to drive his lorry to buy stock. He lost his independence leading to frustration, depression, violence, and finally, suicide.

I attended my dad's funeral and later waited in the car with the dog whilst my mum and older sibling went out on a lifeboat on the River Humber to scatter his ashes. It was the place we'd learned the ropes on our wooden boat Algipug before setting sail for France where we spent our summer holidays cruising the Mediterranean in happier times. When I returned to school after the summer holidays, nobody spoke about my dad. He was never mentioned and the cloak of silence surrounding his suicide shrouded my memories. It was not something I spoke about even to my closest friends.

The only professional support I received was an hour with a psychologist around four years after my dad died, which was too little and too late. I went to the Central Library to do my own research, reading academic books on suicide and mental health to try to understand why my dad had killed himself. My self worth was shattered as I felt that, unlike all my friends whose parents hadn't ended their own lives, I hadn't been worth living for.

Over the decades I numbed the pain with adventures, alcohol, abusive relationships and overachievement while living through bouts of paralysing depression and anxiety. I went to university in London, worked as a journalist in Argentina, became an economics correspondent with an international news agency, and in 2002 I set sail on the Clipper Round the World Yacht Race to complete a 38,000 miles circumnavigation.

This experience proved life changing and was the first of a series of personal challenges I took on to support causes close to my heart, primarily those working to restore hope and prevent suicide.

I took up swimming aged 30 years with a mission to swim the English Channel after reading a newspaper article about channel swimmer. After an unsuccessful attempt in 2007, the year after I taught myself front crawl at my local pool, I succeeded in swimming from England to France in 2009. It took me 21 hours and 20 minutes during which time I swam through darkness, fog and jellyfish and I was awarded the Channel Swimming Associations Trophy for the Greatest Feat of Endurance as a result.

In 2019, I became the 4th person to swim solo around the Isle of Wight, a feat that took me a total of 26 hours and 33 minutes. The following month I was named Inspirational Woman of the Year by Johnston Press South in recognition of my “incredible swimming achievements and outstanding efforts raising money for charity”.

I’ve completed many grueling swims around the world, setting a number of records in the process and raising in excess of £100,000.00, and I’m particularly proud to have raised enough for Samaritans, a charity dedicated to reducing feelings of isolation and disconnection that can lead to suicide, to answer 26,000 calls.

In October 2009, a couple of weeks after my successful channel swim to raise funds for Samaritans, my mum’s partner of 22 years took his own life at our family home. In 2014 I also lost the male friend, who was a member of my swim support team, to suicide.

In adulthood, I pursued a wide range and therapies to help deal with my unprocessed grief including spending five months on a meditation retreat. I found trauma release body work particularly helpful, and I’m training to become a practitioner of trauma release exercises to help others to move beyond life limiting patterns of trauma.

I was very proud to be awarded a Churchill fellowship in 2019 and it is my mission to ensure that no child who loses a parent to suicide in the UK experiences the same lack of support that I faced after my dad’s death.

George Sullivan

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To provide some background, I was born and grew up in Surrey where I attended an all-boys state secondary school. I am grateful to have been raised by a mother and father who are loving, intelligent, supportive, and present. I have an older sister and a non-binary younger who I'm extremely close to. It is a family full of university graduates. I, now 26 years old, am currently saving and preparing to leave for Southeast Asia on a trip that has an indefinite end.

I first experienced what I didn't know was depression at the age of 14/15. During this time, I was achieving average-and-above grades in all subjects and was in the first teams for sports such as football and cricket, I was blessed to be an all- round sportsman. In any case, I was an individual that you would have never of guessed to be struggling at all. Throughout school, an all-boys environment was pretty intense and there was a culture of 'banter' that really was just verbal bullying, but sometimes on a mass scale. I was incredibly self-conscious of some quite prominent features that a number of students picked up on, and that deteriorated my self-esteem regardless of the sporting achievements and popularity amongst students.

I very quickly began feeling worthless, like a burden, that nobody cared, and thought I'd be better off not here. This developed into self-harming behaviours where I would have to wear long-sleeve shirts and thermals underneath to hide the self-harm. My mood and behaviour changed at school in which I was disengaged, walking out of lessons, and actually had very little reason to want to learn. I masked a lot of it to my peers because, as society wasn't aware of male mental health, I didn't want to 'seem weak' , or 'less manly' . I hid my emotions, also knowing that at school it would mean a greater target on my back, not support. It was at around aged 14/15 that I attempted suicide because I didn't want to wake up, but I did, and I went to school. Looking back yeah I probably didn't take enough to end my own life, but psychologically that was my motive, and that can be strong enough to alter brain chemistry. I was noticed by a teacher at school because of my changes in behaviour and they got me to the school counsellor. Speaking did help, but I hid all those experiences, I cannot remember how or why, but the cloud shifted, and I essentially tried to suppress and forget it all.

That definitely played a part in my affinity of involvement with drugs, and as teenagers do, I thought I was invincible and that they'd never affect me.

I secured a sporting and academic scholarship to play soccer in the USA, and at 18 I started my student-athlete career. Unfortunately, due to numerous circumstances I made the decision to return home after a year, to which I then attended university in the UK. It was here where drug-taking was quite prominent and increased.

In my third year I secured a placement that involved a rotational role to gain a holistic understanding of how the business operated. Which, in March 2020, was cut short because of Covid lockdowns. It was here that I was fortunate to have been furloughed, but that meant that I no longer had any kind of disctraction, that I couldn't see my friends and that all the experiences both past and present began to really take a toll on my mental health. I began getting anxious and to try and suppress my deterioration I abused alcohol and drugs secretly in my room without my family's knowledge. It was a catch 22 because in the short term the drugs made me forget, but the long term was making my mental health worse.

In September 2020, I returned back to university to another lockdown being announced. A month later, in October, during a drug-induced psychotic episode, I attempted to take my own life. If you have not experienced yourself or anyone with psychosis, I can only explain my experience as deep delusions that are like thoughts as clearly as you have them now, and usually those thoughts have a driving/motivational undertone. Mine was that life was not real, that it was a film or a tv show and everyone around me was trying to keep me here against my will, to which I knew as clear as day in the psychotic episode, that to escape I would need to die.

I woke up in a hospital bed not happy I was alive, but disappointed that it hadn't worked and that what had happened was real. I suffered numerous physical injuries, but again it was the trauma that was absorbed psychologically that stayed longest. I was in complete denial and wanted to deal with it the only way I knew how, to suppress, to ignore, no one suggested suicide apart from the NHS nurse who carried out the psychological assessment, to which I was in denial. My NHS medical history has a suicide attempt on my file, yet no psychological help was offered. I had to inform my university what had happened, and no psychological help was offered. I only accessed and was fast-tracked for help because the two friends that witnessed the events that night wanted me to. I returned to university two weeks later and finished my degree, and used marijuana daily to suppress it all outside of focusing on studying.

After graduating, all distraction stopped, I was back home and was no longer using drugs, and that's when the depression and PTSD really set in. That was when I was no longer suppressing or ignoring, but I was certainly no longer George, just a shell of person; disengaged, dissociating, traumatised, depressed, suicidal. I had my plan this time, to escape the pain and to what I thought was going to release every one of my burden, but it was for an A&E nurse who examined my broken knuckle from an outburst, that noticed my condition, and I was finally captured by the NHS, and I was lucky that 24 hours later they found me a bed in an acute mental health ward 45 minutes from my home where I spent two weeks and was placed on antidepressants.

I was out of work for 11 months to get to a place of recovery where I was safe enough to work again. After months of therapy, self-care, exercise, relearning, and education, I started my

podcast Sully's Open Conversation where guests share their lived experience of mental health and illness to help others feel less alone and more educated. In January 2023 I went to the NHS to hopefully receive specialised therapy for what they then diagnosed was CPTSD, to which they identified the specialised form of therapy, EMDR; but then proceeded to tell me it will be a minimum of 9 months waiting list to get it- how can we instil hope, and that people do care about our lives when waiting lists are that long? When especially in mental health, time can be an amazing healer, or an extremely dangerous deteriorator. I had to access my therapy privately, during the time in which I was invited to be a member of the Organising Committee for the Baton of Hope national suicide prevention initiative. I have also publicly spoken at businesses, schools and charity dinners on the topic and my journey. More recently, I have had to take a step away from the space to focus on further recovery, where I am now addressing the drug and alcohol abuse that has always been underlying throughout my journey. My trip away is to further instil self-care, self-development, resilience and to experience the world that I am so very grateful to still be alive in. I still have suicidal thoughts; I still have depression; I still have PTSD. But I am far more aware, well equipped and understanding of how to manage it.

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Time can be an amazing healer, or an extremely dangerous deteriorater.

- George Sullivan

Tanya Marwaha

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I'm a young person that, during the pandemic, decided to pioneer youth mental health awareness from my bedroom, founding a youth-led peer community Championing Youth Minds. I have struggled with my mental health from a young age after developing long-term disabilities, Fibromyalgia and Ehlers- Danlos Syndrome, therefore am passionate about advocating non-visible disabilities. After being undiagnosed for seven years, and being diagnosed with Depression and Anxiety during this time, I understand and raise awareness about the interconnection between the mind and body.

Navigating mental health support as a young female in the South Asian community has especially been a challenge due to the stigma attached to mental health. I work hard to break down barriers and raise awareness of the cultural sensitivities around such topics. Furthermore, both mental health and disability are less spoken about in the South Asian community and many believe that they are caused by a lack of faith in God and/or the evil eye - these are factors that heavily shaped the experience I had when navigating my mental health journey.

As a suicide survivor since the age of 13, I continually battled with the stigma and shame around suicide, especially within my community. Despite having been bereaved by suicide and having many people impacted by suicide in my social circles, I felt unable to find support due to the fear of being judged and discriminated against.

When accessing mental health support, I found it difficult to find support from mental health professionals who were able to acknowledge and understand the specific experiences and challenges I had as a young, disabled South Asian female.

During the pandemic, after witnessing my peers struggling with feelings of loneliness, low mood and anxiety, I created a safe community for young people, by young people. Despite struggling with depression and non- visible physical disabilities and after having recovered from suicide attempts, I dedicated myself to this.

I'm familiar with mental health services, resources and support available from my own experience and felt there wasn't enough that resonates with specific challenges young people face today.

I understand the challenges, be it social media or lockdown, and appreciate the importance of having a space and resources made by young people who also understand and have experienced such themes.

Whilst studying for my degree, I built Championing Youth Minds, creating a bank of resources, social media content, a podcast and regular workshops. I led a team, despite having no prior experience, of young people who wanted a platform to not just support their mental wellbeing but that of other young people.

I advocate for mental health education for young people and empower others to care for their wellbeing and use their voices. As a young person, I understand the gap in mainstream education that fails to equip young people with the necessary awareness and skills for them to feel confident and empowered to take care of their mental wellbeing and ask for support. I now work with a range of organisations and charities to aid them in supporting young people across the UK and globally. I am a fundamental part of the Baton of Hope UK, the UK's largest suicide prevention initiative, and have now joined as a Trustee.

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Despite having been bereaved by suicide and having many people impacted by suicide in my social circles, I felt unable to find support due to the fear of being judged and discriminated against.

Conclusion

In the aftermath of the Covid-19 pandemic, the West Midlands Mental Health Commission embarked on a mission to bridge some of the most significant gaps in mental health outcomes. Recognising that immediate change was unlikely, the Commission focused on collective and sustained efforts to achieve a mentally healthier region.

This report highlights some of the progress made over the past year, showcasing the widespread commitment to the Commission's objectives. It celebrates the achievements and the dedication shown by various stakeholders across the system. However, it also acknowledges that there is much more to be done. The report outlines further opportunities for action, emphasising the need to formalise the oversight of the recommendations to ensure they are effectively implemented.

We understand that mental wellbeing is influenced by the environments we live in, the experiences we have from early life onward, and our life opportunities. To improve mental health and wellbeing, it is essential to address the economic and social inequalities that put some people at a higher risk than others. This complex challenge cannot be tackled by a single organisation alone. It requires a collaborative approach, involving multiple sectors and communities working together towards a common goal.

The journey towards closing the mental health gap in the West Midlands is ongoing. The collective efforts of the Commission, along with the continued commitment of various stakeholders, will be crucial in building a mentally healthier and more equitable region. By working together, we can give more people a better chance in life and create a society where mental wellbeing is a priority for all.

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We extend a huge thank you to the wide range of organisations featured in the report. Your brilliant efforts to improve mental wellbeing in the region are integral to shifting the dial on mental health in the region.

Our thanks also go to Infogr8, whose data visualisation skills allow us to thoroughly analyse the region's mental health and provide clarity on the context in which residents live, work, and are born, thus shaping their mental wellbeing.

Additionally, we owe a great deal of thanks to our colleagues across the WMCA who have led and driven many of the recommendations. Lastly, but by no means least, we are deeply indebted to those who have shared their personal stories and are experts by experience. We have much to learn from your words, and we thank you for being so open and honest about your experiences with a view to help others.

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