

# Mental Health Strategy 2024–2028



# Mental Healthcare

## *Vision*

Everyone in our Trust is psychologically literate and skilled.

Our services are cohesive, stable, and structured with a consistent response at any time.

The integration of mind and body; unity and parity in diversity.

# Foreword

**Mental health challenges pose a significant contemporary health issue, bearing substantial implications for both our lives and society. Individuals with severe mental health conditions face a notable reduction in life expectancy, typically ranging from 15 to 20 years.**

**This depicts the gravity of the impact of mental ill-health on individuals and the broader societal landscape. The NHS long term plan laid out an ambitious transformation plan to improve mental healthcare provision across England and North Bristol NHS Trust, working with local communities, voluntary sector organisations and local partner organisations seeks to support this agenda through this strategy and its implementation plans.**

It is heartening to see that mental health is receiving increased attention and open discussions. Challenging the stigma surrounding mental health is crucial for fostering a supportive and understanding environment. When individuals feel comfortable talking about their mental health, it can lead to better awareness, empathy, and ultimately improved access to support and treatment. Public awareness campaigns, celebrities sharing their own struggles, and policy changes have contributed to the increasing acceptance of mental health discussions. However, it is important to note that there is still work to be done. Many individuals may continue to face challenges in seeking help due to persistent stigma or lack of access to mental health services. Continued efforts to promote mental health education, de-stigmatise seeking help, and ensure accessible and affordable mental health services are essential for creating a society where individuals can openly address their mental health

concerns without fear of judgment. The collective acknowledgment and acceptance of mental health challenges contribute significantly to the overall well-being of communities.

Our Clinical Strategy published in 2023 acknowledged the importance of mental health to both our patients and our colleagues, for it is clear there is 'no health without mental health' and as a provider of physical health services we have a responsibility to care for both the physical and mental health of our patients.

This strategy articulates a coherent vision of the Trust which puts mental health at its heart to ensure our patients, communities and our colleagues recognise that we value good mental health, and we are committed to supporting those who need our care and support during periods of mental ill health.

We are truly grateful to the individuals, organisations and communities that have supported the development of our strategy, many of whom have 'lived experience' of mental health, we remain committed to honouring the time you have given to ensure this strategy becomes a living reality for those who use our services.

Wherever you read this and whoever you are, we invite you to join us in making this vision to improve the experience and outcomes of patients with mental health challenges a reality.



**Maria Kane**  
Chief Executive



**Professor Steve Hams**  
Chief Nursing Officer

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# 1. Introduction

North Bristol NHS Trust (NBT) set out a new 5-year Clinical Strategy in June 2023 which identified Mental Health as one of 6 specific areas of focus:



“ It is important to note that 14% of our patients’ interactions at NBT involve a mental health diagnosis, and a wider proportion of patients will experience anxiety, low mood, and other forms of distress relating to the health condition that they are presenting with. We want to provide a mental health service that recognises and responds to illnesses presenting in crisis and the needs of inpatients with chronic mental health disorders.

The total number and proportion of admissions for patients with mental health conditions are increasing at NBT, with 80% of our hospital bed days being occupied by people with co-morbid physical and mental health problems. Patients with a mental health condition present specific requirements and challenges.

- NBT Clinical Strategy 2023 ”

This strategy is key in setting the direction of how we plan as a Trust to meet this complex and increasing need of our patient population ensuring experience and outcomes are optimised in line with our Trust Values and Vision.

Although this strategy primarily focuses on patients where the principal reason for their attendance at North Bristol Trust is for a mental health diagnosis. However, it is important to recognise the wider emotional needs of the community of people the Trust supports across our services.

# 1.

**NBT is a large Acute Hospital and major trauma centre with a large Emergency Department (ED) that sees a significant number of patients with mental health needs.**

These cases are varied and are increasing in complexity and cover an age range from 16-year-olds and above. The nature of individual's experiences and support needs will vary on a spectrum, from those with emotional distress associated with the biopsychosocial adjustment to physical health conditions, who may be seen across our organisation, to those with clinically significant levels of distress that may include a formal mental health diagnosis that is the primary reason for their attendance at NBT.

The main access point for mental health patients into NBT is via the ED with predominantly walk in cases, but also ambulance transfers and police attendance as a designated 'Place of Safety' (POS). The vast majority of mental health cases are in the department for treatment of an intentional overdose or an act of deliberate self-harm and trauma injuries. Also, most of the cases that present are complex and are at risk of harm to self or others.

Mental health issues touch the lives of most individuals, whether through personal experiences, caring for a family member, or supporting friends and colleagues. Several factors influence mental health, including trauma, stigma, interpersonal difficulties, physical health, social factors, and the environment.

Many mental health conditions are preventable, and almost all are treatable, offering the potential for full recovery. There is a lot we can collectively do to reduce the severity of distress people can face, and a range of interventions that have been shown to be effective in managing this.

**The World Health Organisation's 2022 World Mental Health Report:**

Transforming mental health for all sets out a clear vision for all nations, rich or poor to prioritise mental health for all. It sets out the vision in the following statement:

**“Our vision is a world where mental health is valued, promoted, and protected; where mental health conditions are prevented; where anyone can exercise their human rights and access affordable, quality mental health care; and where everyone can participate fully in society free from stigma and discrimination.”**

It highlights the important fact that **“ultimately, there is no health without mental health.”**

The NHS long term plan highlights a national commitment to enhancing mental health services and achieving parity in the delivery of both physical and mental healthcare.

# 1.

This goal will be realised by promoting the integration of services, fostering a holistic approach across health and social care systems. Perceptions of the relationship between physical and mental health have changed, it is now widely acknowledged that this relationship is complex, reciprocal and acts through multiple pathways. Untreated mental disorders result in poor outcomes for co-morbid physical illnesses. Individuals with mental disorders have an increased risk of suffering from physical illness because of diminished immune function, poor health behaviour, non-compliance with prescribed medical regimens and barriers to obtaining treatment for physical disorders.

**NBT is dedicated to the parity of esteem and committed to not only addressing our patients' physical health but also supporting their mental well-being.**

We are passionately committed to challenging the stigma and discrimination surrounding mental health and ensuring that our staff are well-equipped and confident in understanding the mental health needs of both patients and their own mental health.

NBT is also committed to working in a trauma-informed way, in line with the ICB guidance on trauma informed working. This recognises that:

“

**Experiences of trauma and adversity are common and can have a profound, wide-reaching impact on the lives of individuals, families, and communities. These are experiences which can take place across the life course and over generations and can influence how people interact, interpret the world, and engage with services. We commit to developing our knowledge and understanding in this area to improve the design and delivery of our services. We recognise that early intervention and prevention approaches are integral to helping people live fulfilling lives. We will work together with individuals, families, and communities to build on existing strengths and maximise opportunities for recovery.”**

”

**- Trauma-Informed Bristol, North Somerset & South Gloucestershire: A pledge for partners-2024**



# 1.



The recently published National Suicide Prevention Strategy acknowledges the need for frontline agencies to work together to respond to people in crisis. It highlights the importance of breaking down the shame that can deter people from seeking help (*Suicide prevention in England: 5-year cross-sector strategy, 2023*).

The strategy highlights the need to support the needs of patients who self-harm, children and young people, autistic people, pregnant and young mothers, people in contact with mental health service, middle aged men and many more. These are people who will use our services in many ways, and it is important to ensure our services have the skilled workforce to support these high-risk groups when they contact us. The need to meet “Core 24” for all general hospitals is highly recommended as an ambition in the strategy and the Trust is committed to working to this standard through this strategy.

This strategy seeks to align with the NBT Clinical Strategy Priorities of Patients, People, Population, Progress and Partnership, ensuring the Trust works with the BNSSG Integrated Care System’s All Age Mental Health and Wellbeing Strategy.

The Integrated Care System (ICS) all age strategy identifies 6 Core ambitions which include holistic care, prevention and early help, quality treatment, sustainable services, health equality and a great place to work. Linking these to the needs of out patient population at NBT. As a partner in the system, NBT is committed to work with the core ambitions that relate to our patients and staff to ensure we are collaborating in the delivery of this overarching system strategy.



# 2. National Context

In England, statistics from MIND in 2021 reveal that one in four adults and one in ten children contend with various forms of mental health challenges each year.

Particularly during pregnancy and postpartum, women face an elevated risk of encountering mental health issues, ranging from low moods to psychosis. Those with a history of mental health conditions may find a recurrence or exacerbation of their challenges during this period.



Optimal mental well-being and resilience play a crucial role not only in our physical health but also in shaping our relationships, education, training, and overall potential, as emphasised in the "No Health Without Mental Health," Report of 2011.

The impact of declining mental health is universal and can affect anyone at any time. It is acknowledged that individuals seeking care in Emergency Departments (ED), Inpatient, and Outpatient settings often require support for their mental health. National initiatives underline a clear association between mental and physical health, citing examples such as the increased likelihood of depression in people living with diabetes.

The Department of Health estimates that half of the patients in general hospitals are older individuals, a demography expected to double over the next 30 years, with 330 out of 500 beds in an average hospital occupied by older individuals. Of these, 220 may be contending with mental disorders like depression, psychotic disorders, dementia etc. Notably, depression in later life is recognised as a significant factor in suicidal tendencies (NHS England 2015). Reports, such as the "Treat as One," document in 2017, emphasises the need to bridge the gap between mental and

physical health care in general hospitals. A similar focus is reiterated in "Mental Healthcare in Young People and Young Adults," in 2019, which points out the increased presentation of mental health conditions in Emergency Departments compared to other health issues.

The Kings Fund in 2016 stressed that all health and care professionals should contribute to achieving closer integration to address the needs of both physical and mental health. Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than the general population – one of the greatest health inequalities in England. People with long term physical illnesses suffer more complications if they also develop mental health problems, increasing the cost of care, yet much of the time this goes unaddressed. There is good evidence that dedicated mental health provision as part of an integrated service can substantially reduce these poor outcomes. In line with the NHS long-term plan, this strategy is our organisation's way of describing our improvement strategy and what we want and expect to achieve in the next four years for our mental health patients. This is our contribution in delivering the parity of esteem.

# 2.

Research evidence suggests the importance of professionals adopting a 'whole person' perspective and possessing the requisite skills to do so. Post the 2020 Coronavirus Pandemic, a noticeable decline in mental health has been observed in communities. NBT is committed to comprehending the needs of its population and endeavours to address mental health simultaneously with physical health.

As a Care Quality Commission (CQC) regulated organisation we have a responsibility under section 140 of the MHA (1983) and a duty for all mental health related patients as well as people with neurodiversity who are prone to experiencing mental health challenges with a high risk of suicide rates.

In 2020, the CQC's review of the assessment of mental health services in an acute trust programme, identified the importance of treating patients with mental health problems with the same importance as their physical health. They highlighted the following key elements in their report.



# 2.

The following requirements will support shaping the priorities set in this strategy to ensure NBT is working to achieve this when caring for patients who present with mental health issues in our service.

Key elements identified by CQC	Where are we at NBT	When will this be achieved?
All acute trusts need to have a mental health strategy.	<ul style="list-style-type: none"> <li>Mental Health Strategy now in place.</li> </ul>	July 2024.
Mental health care should be considered frequently by the boards of acute Trusts.	<ul style="list-style-type: none"> <li>Not regularly tabled at Trust Board but at sub board committee meetings when requested.</li> </ul>	July 2024 with strategy updates twice yearly to the Patient and Carer Experience Committee.
Mental health services in acute Trusts should meet nationally recognised quality standards.	<ul style="list-style-type: none"> <li>The NBT Mental Health Liaison Team has (since 2017) achieved accreditation with The RCPsych Psychiatric Liaison Accreditation Network (PLAN) meeting.</li> <li>Not fully Core24 compliant.</li> </ul>	Core24 is partly delivered and will be progressed further during 2024/25.
In ED patients held in safe rooms must be provided with essential food, drink, medicines, and communication with friends and family.	<ul style="list-style-type: none"> <li>NBT has one room that is considered a safe space for Mental Health patients to be assessed. This is the only one in the Trust.</li> <li>There is a process in ED to get patients food when needed, they can also make phone calls to family or friends.</li> <li>Patient is in ED can have access to food and drinks when needed and all who stay for over 12 hours, have access get a hot meal.</li> </ul>	There is opportunity to have one more room dedicated as a safe room. This can be utilised as a safe room but when we have multiple patients, this may be a challenge.

# 2.

Key elements identified by CQC	Where are we at NBT	When will this be achieved?
<p>Acute Trusts should have clear governance processes for administering and monitoring the Mental Health Act 1983, which may be done in conjunction with a mental health Trust.</p>	<ul style="list-style-type: none"><li>• NBT has a Service Level Agreement (SLA) with Avon and Wiltshire Mental Health (AWP) Trust and all the administration goes to their MHA Administrators.</li><li>• Section papers are monitored by Mental Health Liaison Team (MHLT).</li><li>• NBT has access to a lead approved Mental Health Professional to consult if needed.</li><li>• Also, the Trust has access to second opinion doctors.</li><li>• We also monitor section 132 rights through MHLT.</li></ul>	<p>Operational policy in place for this.</p>
<p>Training provided should give staff the necessary knowledge, skills, and confidence for meeting people's mental health needs.</p>	<ul style="list-style-type: none"><li>• Training in place.</li><li>• More to be designed and fully evaluated to show effectiveness.</li><li>• Specialist training for complex patients under review with Mental Health Matron and Team.</li><li>• Mental health module on LEARN.</li><li>• Simulation training in place.</li></ul>	<p>Training Needs Analysis to be completed by August 2024.</p>
<p>Better mental health care for patients should be provided alongside better support for staff wellbeing.</p>	<ul style="list-style-type: none"><li>• This is identified in the MH strategy being developed.</li><li>• Staff wellbeing offer.</li><li>• MHLT work closely with the staff Psychology Team to support staff at risk of mental health.</li></ul>	<p>July 2024: MH Strategy will link this with staff wellbeing and collaboration with staff experience team.</p>

# 3. Organisational Context

## Trust Strategy

**Our new Trust strategy was launched in February 2023 and Patient First is the approach we are adopting to implement this strategy.**

The fundamental principles of the Patient First approach are to:

- **Have a clear strategy that is easy to understand at all levels of NBT.**
- **Reduce our improvement expectation at NBT to a small number of critical priorities.**
- **Develop our leaders to know, run and improve their business.**
- **Become a Trust where everybody contributes to delivering improvements for our patient.**

Our reason for existing as an organisation is to put the patient first by delivering outstanding patient experience and that is the focal point of our strategy. The development of the Mental Health Strategy is to support the delivery of this for all patients who encounter our services with a mental health diagnosis or challenge.

## Our five Improvement Priorities are:

### 1. High quality care:

We will make our care better by design.

### 2. Innovate to improve:

We will unlock a better future.

### 3. Sustainability:

We'll make best use of limited resources.

### 4. People:

You will be proud to belong to NBT.

### 5. Commitment to our community:

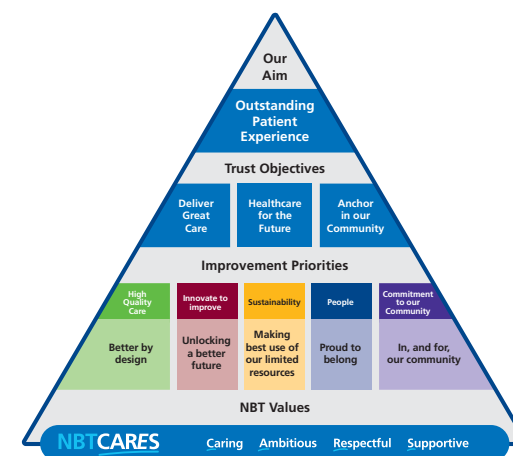
We will be in our community, for our community.

In 2022, NBT revised and updated its Values, through an extensive programme of engagement with colleagues, patients, and our communities. The Trust agreed on the four Values of Caring, Ambitious, Respectful and Supportive.

## Clinical Strategy

Our Clinical Strategy published in June 2023 places outstanding patient experience at the core of our future approach to service development and outlines our approach to how clinical services will be developed and configured over the coming years.

The Strategy has five strategic themes, patients, people, population, partnership, and progress. The strategy also has six focus chapters and mental health is one of the six. This Mental Health Strategy seeks to deliver on the ambitions and plans identified in our clinical strategy. This will be achieved through our 5 key priorities of this Mental Health Strategy.



# 3.

## Mental Health Liaison Service

The Mental Health Liaison Team (MHLT) is a specialist team within the Medicine Division (cluster 1) but providing a service to the whole of Southmead Hospital.

The team consists of two defined areas of responsibility. "The Emergency Zone" and the "Inpatient Service."

**The Emergency Zone Service** covers ED and the Acute Medical Unit. This part of the service is operated 7 days per week/ 365 days per year and is operational from 07:00 hrs – 22:00hrs. (Midnight extension with resource). The team covers all mental health concerns and presentations working side by side with all levels of clinicians to deliver high quality assessment and treatment options within timescales outlined nationally. The Emergency Zone Team covers all ages with 16-17yr olds predominantly being assessed by Child and Adolescent Mental Health Services (CAMHS) and by Avon and Wiltshire Mental Health Trust (AWP) colleagues.

The Emergency Zone Team also provide a Planned Assessment Clinic (PAC) which is joining the work of Same Day Emergency Care (SDEC) in providing an alternative to waiting for long periods in ED and providing a face-to-face appointment at a given time within an outpatient environment.

This service has also been awarded a parliamentary regional award.

The emergency zone sees approximately 3000 referrals annually and Integrated Care Board (ICB) state shows a mean of 4% of all ED referrals are mental health coded.

**The "Inpatient Liaison Service"** is a component of the Mental Health Liaison Team which covers all wards within Brunel and the retained estate, inclusive of Maternity services. This part of the service operates Monday - Friday 9.00am – 17.00pm, weekends will be commencing shortly. The ward-based work consists of wide-ranging psychiatric conditions and oversees a caseload of patients whilst in Southmead, helping deliver holistic continuous care.

Recently our inpatient service became an active member of the Transfer of Care (ToC) Hub with mental health midday where the Mental Health Liaison Team attend at midday every day to contribute to the Multi-Disciplinary Team (MDT) discussions to ensure early intervention to reduce length of Stay (LoS) within the NBT bed base.

The Inpatient service sees approximately 2000 referrals a year.



# 3.

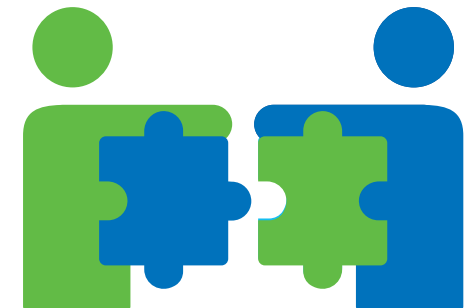
The Mental Health Liaison Team also provides the Engagement Support Workers who are an alternative to Registered Mental Health Nurse (RMN's) for 1:1 observation and will also provide emotional support to any patient that requires this support, they also specialise in areas such as supporting those patients with eating disorders.

The service consists of Mental Health Nurses at a senior level and includes social worker Mental Health Practitioners. The service also has a full grade range of psychiatric medical staff inclusive one of the first appointments of NBT psychiatrists substantively to the team.

The service is PLAN (Psychiatric Liaison Accreditation Network) accredited by the Royal College of Psychiatry. This is the national mark of excellence with over 300 elements the service needs to deliver to the highest standard. The service has been accredited twice in its history, consecutively. The service is currently in discussion with the ICB and system partners to extend our service to Core 24 where psychiatric support will be available 24/7.

## The clinical health psychology service

Clinical health psychologists have expertise in the assessment and provision of specialist psychological interventions for individuals adjusting to physical health conditions, including support around decision-making around important decisions (e.g., surgery, other treatment), and engagement in rehabilitation. They provide an outpatient and inpatient service to patient, consultation with teams, as well as a dedicated service for supporting staff wellbeing. Clinical psychologists work closely with mental health liaison and other health professionals as part of multi-disciplinary teams. The service is overseen by our Chief Psychology Professions Officer (CPPO).



# 4. Consultation

Who we have listened to in developing this strategy





# 4.

**Our patients, staff and partners have responded positively to the development of our first Mental Health Strategy. We have further developed our strategy based upon the feedback that we have received making it more ambitious, responsive, extensive, and collaborative.**

In September 2023, we ran a series of consultations with our staff and patients. This involved surveys, virtual workshops and in person interaction on the 10th of October 2023 commemorating World Mental Health Day. The online workshops were attended by diverse staff including psychologist, nurses, consultant psychiatrist, administrative staff, staff from our Wellbeing Team and staff with lived experience of mental health. A total of 40 staff shared their views including the survey and workshops. 600 patients were written to by the Mental Health Liaison Team and 25 responded to the survey with a further 6 committing to being contacted for an interview or focus group.

Further consultations were planned with community groups, our system partners to ensure this strategy remains the voice of our patients, our staff and system partners in a collaborative way.

The strategy priorities were also shared for comments and feedback with the following groups.

- Clinical Strategy Delivery Group
- Dementia Strategy Group
- Senior Professionals Forum
- Patient and Carer Partnership Group
- Patient and Carer Experience Group
- Carers Strategy Group
- Learning Disability and Autism Steering Group
- Divisional Directors and Matrons
- Mental Health Liaison Team
- Bristol Autism Spectrum Service (BASS) Patient Group at the Create Centre
- Ambleside Renal Unit
- Patient and Carer Experience Committee
- BNSSG Mental Health and Learning Disability Health Care Improvement Group
- VCSE Mental Health Alliance
- Quality Governance Team
- NBT Safeguarding Committee
- AIS Steering Group
- Maternal Mental Health Team
- ICS partners
- Black Mothers Matters
- Ticplus- Home - Tic+ ([ticplus.org.uk](http://ticplus.org.uk))
- Clinical health psychology Services (supports patients and staff)
- System Partners including AWP senior leaders
- Trust Board

# 5. Key Priorities



# 6. How we plan to achieve this

*Priority 1: Timely and responsive mental health service for all.*

## Our Commitment

We will:

- Offer a 24/7 Mental health provision to meet the needs of our local population and the core 24 ambition.
- Patients requiring emergency response will be assessed and triaged within four hours of coming into our ED.
- Patient needing urgent response will be assessed and have a plan of care in place within 24 hours of visiting our ED- (Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance ([england.nhs.uk](https://www.england.nhs.uk)))
- We will measure patient experience based on patients reported outcome measure based on the National Institute of Health and Care Excellence Standard.
- Work in a trauma informed way, in line with the BNSSG Trauma informed 8-point pledge for partners (and in liaison with the ICB lead for trauma informed care).
- Explore digital solutions to our mental health offer e.g., developing and using apps that will make our offer effective and sustainable.
- Use national data for high-risk patients to ensure our interventions are targeted e.g., Deaf community, Autistic patients, LGBTQ+ groups.
- Work with our services in all Divisions to ensure there is clear parity of esteem between physical health and mental health of our patients.
- We will work with our women and children divisions to improve access to access to perinatal mental healthcare for women and birthing people accessing antenatal and maternity care at NBT. This will include mothers with babies in our Neonatal Intensive Care Unit (NICU).
- Recruit five patient partners with lived experience to join our patient and carer partnership group to help us improve the patient voice.
- Run campaigns to reduce stigma and shame associated with mental health presentation.
- Work with our specialist teams to ensure patients with cognitive impairment or diagnosis of dementia are assessed and supported in a timely and least restrictive way.
- Recruit volunteers with lived experience of mental health to support patients in our hospital.
- Develop links with the BNSSG VCSE Mental Health Alliance to identify service delivery gaps and develop a framework of peer support for mental health patients in ED or our inpatients settings.
- Pilot new mental health focused mortality review approaches to address current gaps in standardised data, while providing a blueprint for the wider system through the Mortality Improvement Programme. This will support more robust surveillance and quality improvement for mental health patient cohorts.
- Offer a mental health service that complies with the Accessible Information Standard. (AIS)

# 6.

*Priority 2: Support our staff to deliver effective care and outstanding experience for mental health patients.*

## Our Commitment

### We will

- Offer appropriate training for our staff to enhance effective care of patients with the psychological adjustment to physical health issues (e.g., Level 2 psychological skills training, training in trauma-informed practice), as well as training on mental health issues (including psychological risk).
- Increase the workforce's knowledge into potential risk behaviours associated with a decline in mental health that results in risk to self.
- Develop specialist nurse practitioners and specialist leads in the MHLT and clinical health psychology services to support and case manage patients with complex needs. This includes offering specialist psychology in the emergency zone.
- Train staff on complex risk management and care planning for our high intensity and complex patients.
- Work with staff through training to deliver trauma informed care to improve patient safety and experience.
- Develop Restrictive Intervention Policy and ensure use of force is monitored and training is available to support staff to optimise patient in line with the MHA and the MCA safety.
- Support our staff to recognise situations where there may be a need to ensure safeguarding of adults at risk of abuse or neglect and children at risk as a priority.
- Train staff into specialist roles to link with gaps in the services and provide regular supervision.
- Provide training on the Mental Health Act (MHA), Mental Capacity Act (MCA).
- Provide support and training for our bank Registered Mental Health Nurses (RMNs) to ensure consistency of care.



# 6.

## Priority 2: *Support our staff to deliver effective care and outstanding experience for mental health patients.*



- Provide supervision for all our bank RMNs.
- Provide, in collaboration with our Learning and Development Team suicide prevention training.
- Support each division to have wellbeing champions, who have access to training in mental health, work-based trauma, trauma-informed approaches, and suicide reduction.
- Work to provide regular peer supervision for staff where they have a key role in supporting the effective and compassionate management of patients with emotional and mental health needs.
- Ensure all teams have regular ways to check in together and out together at the beginning / end of their shifts (e.g., through approaches like (Start Well>Endwell) as part of healthy and supportive team cultures.
- Work with our educational institutions to ensure training is optimised when training needs have been identified.
- Collaborate with our lead mental health provider (Avon and Wiltshire Mental Health Partnership) where possible to enhance the training of our staff in areas where gaps are identified.
- Provide opportunities for developing research in mental health, specifically mental healthcare in acute hospitals.
- Work with our Digital Team to fully integrate patient records with CareFlow to support real time patient communication accessible to all staff to enhance patient safety.

## Priority 3: *Support our staff with their mental health needs.*

### Our Commitment

We will:

- Recognise the impact of work-based incidents and cumulative stressors (including the support of patients with marked distress) on staff wellbeing, and ensure there is support in place (preventative, enhanced, specialist) e.g., through the Staff Trauma Support pathway.
- Collaborate with our staff experience and Psychology Team to ensure the wellbeing of our staff remain a priority linking in with the workforce plans.
- Embark on a campaign to promote staff mental health – “No Shame No Stigma” Campaign.
- Encourage staff to share their stories and experience to break the barriers and stop stigmatisation of mental illness.
- Provide training on suicide reduction.
- Make NBT a proud place to work through effective support for our staff wellbeing, including providing adequate resource to meet our populations needs.
- Work with our staff Psychology Team to raise awareness of the pathway for assessment and support for those with mental health needs, including signposting to services for those needing support:
  - Get Psychological Help Now
  - Flowchart risk to self
  - Flowchart risk to colleague
- To develop a register where there are unmet needs (e.g., in accessing appropriate mental health support within the community) and to work with the ICB to explore ways to better meet the need.
- Work and collaborate with charities, local and community groups to raise awareness of mental health support for our community.
- Work with our staff Psychology Team to design support and assessment pathway for staff who become mentally unwell without stigmatisation.
- Support managers to support their staff informally before they get into crisis or formal processes.
- Support managers and our People’s Team to develop reasonable adjustment for staff going through formal proceedings to minimise the risk of mental health illness and suicide.
- Make colleagues aware of the range of resources available through in house and external services (including talking therapies, wellbeing apps).
- Ensure staff mental health wellbeing is prioritised during staff appraisals. (Wellbeing conversations in appraisals and supervision for staff).
- Supporting staff who are carers and the impact of this on their mental health.

# 6.

## Priority 4: Working in partnership to reduce health inequalities

for patients with mental health.

### Our Commitment

#### We will:

- We will partner with our communities with high risk to reduce health inequalities and mitigate risk through coproducing improvements.
- We will work with each of our local authority Director's of Public Health to better understand the mental health needs of our communities, supporting the development of the Joint Strategic Needs Assessment for mental health.
- We will work with our voluntary sector partners and local community specialist group to offer and deliver training and offer resources on gaps identified. E.g., Working with HOPE on Suicide prevention, using BNSSG VCSE Mental Health Alliance's expertise on self injury support.
- We will partner with our communities with high risk of deprivation to work to reduce health inequalities and mitigate risk through coproducing improvements.
- Collaborate with our specialist Mental Health Providers (AWP) to optimise specialist training.
- We will work in collaboration with system partners in the ICS to ensure we tackle mental health inequalities.
- Work with our local educational institutions to develop research focus clinical staff to support improve the care of mental health patients using evidence-based approaches.
- We will work with our BNSSG VCSE Mental Health Alliance to develop referral pathways that will enable the Trust to offer innovative delivery options.
- We will work with people with lived experienced of mental health to coproduce improvements.
- We will work in line with our ICS commitment and pledge to Trauma Informed practice through training and collaboration.
- Work closely with the NBT Safeguarding team to ensure practitioners are skilled and knowledgeable to recognise issues that may require a safeguarding intervention.



# 6.

## Priority 4: Working in partnership to reduce health inequalities for patients with mental health.

- We will work with families, carers, and system partners to support safeguarding initiatives such as “professional curiosity” and “think family” in assessing risks to patients and their family and to promote the message that we all have the right to live our lives free from neglect and abuse.
- We will work closely with the Mortality Improvement Programme to:
  - Align specialty-level mortality review guidelines for the pilot mental health workstream.
  - Develop minimum mandatory mental health data points to ensure richer case reviews.
  - Leverage analytic capabilities and cross-trust data linkages to strengthen mental health mortality tracking.





# 7. Conclusion and next steps

This Mental Health Strategy outlines our ambitions and commitments for North Bristol NHS Trust from 2024 - 2028, which aligns with our clinical strategy ambitions, and our Patient First Strategy.

The delivery of this strategy will be guided and monitored through our Mental Health Operational Group, with assurance on behalf of the Board by the Patient and Carers Experience Committee (PCEC). We will formally review our progress annually to ensure our actions remain on track.

**We will continue to listen and work with local organisations, those with lived experience of mental health, those who care for them and our colleagues to continually improve the care we provide our patients.**



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