

Living Well in Warrington

Connecting: People - Places - Resources



Adult Mental Health

Strategy

2025 – 2028

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Introduction

'Good mental health and well-being are essential for all of us to lead fulfilling lives, to realise our full potential, to participate productively in our communities, and to demonstrate resilience in the face of stress and adversity.... Yet, there remains much to be done to ensure all people achieve the highest standard of mental health and well-being.' Dr Tedros Adhanom Ghebreyesus, Director-General World Health Organization (2021).

At least one in four of us will experience a mental health problem at some point in our life, and around half of people with lifetime mental health problems experience their first symptoms by the age of 14.

By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. It is important for us to take a life course approach, recognising that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age.

Social inequality of all kinds contributes to mental ill health, and, in turn, mental ill health can result in further inequality – for example worse outcomes in employment and housing for people with mental health problems.

The development of neighbourhood health will be a vehicle for early identification of mental health issues and ensuring timely access to the right support.

In Warrington, and nationally there has been an increase in demand for neurodiversity diagnosis and support. There is a separate all age Autism strategy, but it will be crucial to ensure that we are meeting the mental health needs of people with Autism and ADHD. Our work will link with the Cheshire and Merseyside pathway development for adults and children.

Mental health problems and suicide can be preventable. Promoting good mental health will impact on physical health and many other aspects of people's lives including our education, our work and to achieving our potential. Good mental health and wellbeing also bring wider social and economic benefits.

Warrington's Mental Health Strategic Delivery Plan adopts the World Health Organisation (WHO) positive definition of mental health, which is broader than just mental illness.

'A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.'

In Warrington we have developed this strategy to integrate with our Health and Wellbeing Strategy which focuses on improving the health outcomes for all residents and reducing health inequalities. It has also been informed by the [10 Year Health Plan For England](#), the [NHS Long Term Plan](#), [Neighbourhood Health Guidelines](#) and other resources that can be found in Appendix A.

What does the data tell us about Mental Health?

Prevalence of Mental health conditions¹

- The percentage of patients aged 18 and over who have been diagnosed with depression in Warrington is typically higher than in England and lower than the North West.
- In 2022/23, 26,120 patients in Warrington (14.4%) were diagnosed with depression, compared to 13.2% in England and 16.4% in the North West.
- The percentage of patients being diagnosed with depression is steadily increasing in Warrington, England and the North West. From 2018/19 to 2022/23, there has been a 16% increase in Warrington, a 23% increase in England and a 27% increase in the North West.
- 2,189 patients in Warrington were diagnosed with Severe Mental Illness in 2022/23 (schizophrenia, bipolar affective disorder and other psychoses). This is equal to 0.97% of patients, lower than England (1.00%) and the North West (1.13%). However some GP practices have double the national average.

Incidence of self harm: the incidence of self-harm has been rising in the UK over the past 20 years. Self-harm is one of the top five causes of acute medical admission, and those who self harm have a 1 in 6 chance of repeat attendance to A&E within the year and a significant and potential risk of future suicide.

¹ Data collected from Outcomes Framework (QOF)

Emergency hospital admissions for intentional self-harm²: this is an indicator that measures self-harm events severe enough to warrant hospital admission and can be used as a proxy for the prevalence of severe self-harm, although it does not give the full picture.

- In 2023/24, Warrington had a rate of 141.5 emergency hospital admissions for intentional self-harm for all persons, equivalent to 295 admissions. Warrington's rate is statistically significantly higher than England's rate of 117.0 and higher but not statistically significantly different to the North West (126.2).
- Warrington has seen a consistent reducing trend since 2019/20. The COVID-19 pandemic particularly had a large impact on hospital activity in 2020 to 2021 with a reduction in admissions.
- Females have consistently higher emergency hospital admission rates for intentional self harm than males, this is seen locally, and nationally.
- Between 2018/19 and 2023/24, Warrington saw a 57% reduction in admission rates for males and a 50% reduction for females. Both reductions were larger than that seen for the North West (males 53%, females 46%) and in England (males 43%, females 39%).

² NOTE: data for this indicator is being revised following the 2021 Census and updates to the mid-year population estimates from 2012 to mid-2020. The data presented here cannot be compared with the 2021/22 data that is currently on the Public Health Outcomes Framework (PHOF).

Suicide or injury undetermined in Warrington:

- The latest Office for National Statistics (ONS) Suicides in England and Wales report (2023 registrations), highlights that in the reporting period 2021 to 2023 there were 54 deaths due to suicide or injury of undetermined intent of Warrington residents (14 females and 40 males), equivalent to a rate of 9.7 per 100,000 population.
- England has a rate of 10.7 per 100,000 and the North West's rate is 13.3 for the same time period.
- Warrington's rate has increased from the previous time period (2020-22, 7.1 per 100,000), compared to England which has remained relatively static and the North West which has increased.
- Warrington's rate has no significant difference compared with the England rate.
- The small numbers of suicides in Warrington can affect the variability of rates and result in fluctuations in the trend. Additionally, suicide rates are based on the year of death registration and so delays in registration can also affect this.
- Warrington's Public Health team carried out an audit of Coroner files for the period 1st January 2022 to 31st December 2024, to study deaths of Warrington residents in that time period that had been recorded with a verdict of suicide.
- The audit identified 50 such cases, 42 male (84%) and 8 female (16%).
- Highest suicide rates were seen in the 40 to 49 and 50 to 59 age groups in Warrington.
- The audit identified that many of those who had lost their life to suicide had multiple risk factors, such as physical health problems (42%), a known common mental health diagnosis (70%), financial problems (18%), history of alcohol misuse (22%), history of drug abuse (26%), pending criminal proceedings (16%) and being known to mental health services (36%).
- Almost one fifth (18%) had visited their GP within the month before their death. The audit identified that for 40% of those cases studied,

the reason for their last visit or contact with their GP or Primary Care Team was due to mental health concerns.

- For 28% of the audit population, there had been a previous suicide attempt.

Warrington Health & Wellbeing Survey 2023: Report on Emotional Wellbeing & Loneliness

- Low emotional wellbeing is increasing in Warrington with 30% of people reporting in 2023, compared to 24% in 2013. Low emotional wellbeing was most commonly reported in younger age groups, 39% of 18-39 age group compared to 21% in 65+, and more deprived areas, with 40% in Quintile 1 compared to 24% in Quintile 5.
- Factors affecting emotional wellbeing were reported as feeling lonely (74%), bad health (66%), three or more causes of stress (65%), higher alcohol consumption (52%) and financial difficulties (51%).
- Loneliness is higher amongst women (12%) compared to men (8%) and higher in younger age groups, with 15% of 18-39 age group compared to 7% in 65+. Loneliness is almost double in most deprived areas (14%) compared to least deprived (8%), and 3.4 times more likely in residents living with long term conditions.
- Women and younger age groups are more likely to report multiple causes of stress, and more widely reported in deprived communities (32% vs 17% in least deprived). Most frequent causes of stress are reported as job-related (22%), physical health (21%), financial situation (21%), personal or family situation (21%), mental health (18%) and current affairs with political or social issues (17%).
- Poor sleep quality is reported with 30% of respondents saying they had experience trouble with sleeping over the last month, with women and middle aged and those living in deprived areas more likely to suffer.

What do our residents say?³

"I coped with depression and financial challenges, and have recently started taking medication."

Barriers to accessing services for minoritised groups include lack of trust in clinical services, lack of understanding of cultural traditions and lack of privacy

"I felt very lonely. I missed my social life and family."



"I've suffered with my mental health in the last 18 months but I wasn't sure where to go. I've gained weight from eating comfort food."

There is a need to improve cultural competency and create safe spaces

"I want to be able to access services when I need them"

³ Text in the rectangular boxes are summaries, not direct quotes

Our Vision

We want to create a community where individuals are empowered to maintain good mental health, and to have access to a timely and effective graduated response to deteriorating mental health.

We want to make mental health and wellbeing support fair and accessible for all adults. Groups that need a particular focus include people with other support needs such as Learning Disabilities and Neurodiversity including Autism and ADHD.

We want services to be culturally appropriate and provide culturally competent services to all minoritised groups. These principles will be integrated in all priority areas identified.

The purpose of this strategy is to:

- Drive forward the vision that Warrington will enable people with mental health conditions to Live Well in Warrington and show how we can all play a part in this, and how we will know when we've achieved it.
- Set out the delivery plan that will help achieve the vision.
- Provide a framework within which to develop a shared culture across diverse services.

We will do this by working towards Warrington being a place where:

- People of all ages and communities will be comfortable talking about their mental health and wellbeing.
- People will be part of mentally healthy, safe and supportive families, workplaces and communities.
- People's quality of life will be improved by timely access to appropriate mental health information, support and services.

- People will be actively involved in their mental health and their care.
- People with long term mental health conditions will live longer and lead fulfilling, healthy lives.
- People can access services appropriate to their needs, including a graduated response to changing needs (stepping up and down).

When working together to develop and implement this strategic delivery plan, partners in Warrington have agreed to:

- Ensure that services and new work are co-produced with people at the centre.
- Recognise the impact of trauma and adversity on people's mental health.
- Take a person and family-centred, strengths-based approach.
- Have a strong focus on the wider determinants of mental health and illness.
- Ensure that mental health and physical health are treated equally.
- Challenge stigma and prejudice.
- Make sure that any action is based on the best possible evidence.
- Adopt a recovery focus wherever possible.
- Address issues of inclusion and diversity.

Our Priorities

To deliver these outcomes, three priority areas have been identified:

- 1. Mental Wellbeing, Anxiety and Depression**
- 2. Suicide Prevention**
- 3. Mental Health Pathways and Crisis Care**

Priority 1: Mental Wellbeing, Anxiety and Depression

Warrington is a place:

- That will continue to raise awareness, challenge stigma, build resilience and tackle the wider determinants of mental health and wellbeing.
- Where promotion of good mental health and wellbeing and the prevention of the impact of mental health conditions on people's lives is the foundation on which service provision is based.

Areas of focus:

- Strengthen the focus on promotion of public mental health and prevention of mental ill health.
- Further build capacity and capability of leadership and the wider workforce so that more people feel confident to talk about and address mental health.
- Raise awareness of the increasing magnitude of anxiety and depression across the life course (starting well, living well, ageing well).
- Promote positive messaging around good mental health and accessing support in order to reduce stigma and discrimination and help improve the quality of life for those people living with mental illness.
- Promote self care and lifestyle improvements
- Target the wider determinants of mental health (e.g. social, economic, and physical environments in which people live) to prevent those living with anxiety and depression from escalating to severe mental illness and suicide.
- Improve local-level data collection and impact evaluation methods to further inform our approach to public mental health within Warrington.

Priority 2: Suicide Prevention

Warrington is a place:

- Where the number of people resorting to suicide will reduce, and people do not consider suicide as a solution to the difficulties they face.
- That supports people at a time of personal crisis and builds individual and community resilience for improved lives.

Areas of Focus:

- **Prevention** focussing on awareness, skills and knowledge, supporting suicide prevention in other strategies, communication and engagement.
- **Intervention** focussing on training and safety planning across the organisations, working to improve self-harm support and pathways, improving access to mental health and social support, and ensuring implementation of safer care.
- **Postvention** focussing on bereavement services including specific suicide, postvention support and working with the media.
- **Data, intelligence, evidence and research** focussing on better data capture of the risks and intelligence on the local and national picture, collating evidence on interventions that work and supporting research where there are known gaps.

Priority 3: Mental Health Services and Crisis Care

Warrington is a place:

- Where people with Serious Mental Illness (SMI) are supported to live full lives, including have their physical healthcare needs met and being supported to maintain or gain employment.

Areas of focus:

- Seamless transition between children's and adults' services.
- Providing an effective graduated response, stepping services up and down seamlessly around a person
- Supporting people to manage symptoms of severe mental illness in the community and avoid admission to hospital settings through timely crisis care.
- Providing timely access to effective Talking Therapies for Anxiety and Depression.
- Providing women with timely access to specialist perinatal mental health services and high-quality evidence-based support at all levels.
- Designing and implementing a Neighbourhood Mental Health Model, providing open access to specialist services and holistic support in community locations. This will be developed with partners in health, social care and VCSFE sector.

Delivery and Monitoring

The work to deliver the Mental Health Strategy outcomes will be based on the core values of:

- De-stigmatising mental health
- Respect between organisations, between services and the people who use them
- Led by people's experiences & feedback
- Quality Services

By aligning the strategy with our Health and Wellbeing Strategy, we ensure that Mental Health is integrated into broader public health efforts, creating a more inclusive, compassionate, and supportive Warrington for all its residents. We will use the following to monitor the impact of the strategy:

- Key performance indicators (KPIs) will measure the effectiveness of service delivery
- Annual Reviews will take place to assess the progress of the strategy, with adjustments made based on emerging needs and new research and policy
- Feedback from individuals using mental health services and their families where appropriate, will be received regularly to improve services and address gaps, to make Warrington a more inclusive, compassionate, and supportive place for all its residents.

Conclusion

Warrington's Mental Health Strategy represents a vital step toward building a healthier, more inclusive, and resilient community. By prioritising prevention, graduated response, and equitable access to high-quality mental health services, the strategy seeks to address the diverse needs of individuals across all backgrounds.

Through strong partnerships, community engagement, and a commitment to continuous improvement, Warrington aims to reduce stigma, promote wellbeing, ensure that mental health is treated with the same urgency and compassion as physical health, and people are kept safe.

This strategy is not the end point but the foundation for sustained change, where everyone in Warrington can thrive and receive the support they need, when they need it.

Appendix A: Links with other strategies and plans

National

- The 10 Year Health Plan for England
- Neighbourhood Health Guidelines 2025/26
- NHS Operational Planning Guidance 2025/26
- National NHS Long Term Plan 2019
- The Five Year Forward View for Mental Health
- General Practice Forward View 2016
- Prevention Concordat For Better Mental Health
- Mental Health Crisis Care Concordat
- Preventing Suicide in England
- Policing and Mental Health: Picking up the pieces
- Modernising the Mental Health Act
- Think Autism Strategy Governance Refresh

Local

- Health and Wellbeing Strategy
- Warrington Dementia Strategic Delivery Plan
- Warrington Learning Disability Strategy
- Warrington Autism Strategy
- Corporate strategy 2020-2024
- Housing Strategy 2018 – 2028
- Homelessness and Rough Sleeping Strategy 2020-2025
- Warrington Carers Strategy
- The Combating Drugs and Alcohol Partnership
- Community Safety Partnership Plan 2021-2024 - Refresh

Appendix B: Current Adult Mental Health Offer in Warrington

Please note this is an illustration of Warrington’s graduated response and is not an exhaustive list. Up to date information about services can be found at Happy? Ok? Sad? | warrington.gov.uk

Mental Wellbeing and Prevention	Primary Care and Community Mental Health	Secondary Mental Health Care	Mental Health Crisis and Unplanned Care
<p>HappyOkaySad</p> <p>Get Warrington Talking / Pause</p> <p>Offload (for men)</p> <p>Warrington Wellbeing</p> <p>Parents in Mind (new parents)</p> <p>Voluntary, Community, Faith and Social Enterprise Groups – quality assured by Warrington Voluntary Action. (EQUIS)</p>	<p>Warrington Talking Therapies (Mental Health Matters)</p> <p>General Practice</p> <p>MH Practitioners in PCNs (ARRS roles)</p> <p>Mental Health Outreach</p> <p>Supported Living / Packages of Care / CHC / S117</p> <p>Social Care</p>	<p>Recovery Team (Merseycare)</p> <p>Perinatal and Maternal Mental Health Services</p> <p>Eating Disorder Services</p> <p>IPS (employment support for people with SMI)</p>	<p>NHS 111 Option Mental Health (Crisis Line)</p> <p>S136</p> <p>A&E – Liaison Psychiatry</p> <p>Early Intervention in Psychosis</p> <p>Mental Health Inpatient Services</p>