Valuing Mental Health:

A change of perspective in Kent, Surrey and Sussex
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Report on the conference of 6 May 2014 at Sofitel Hotel, Gatwick
#parity of esteem  #valuing health

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Prepared by: NHS England (Kent and Medway) and the South East Coast Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions
Mental illness is common, and amongst people aged under 65 nearly half of all ill health is mental illness. Yet only a quarter of all those suffering from a mental illness, such as depression, are in receipt of treatment. Mental illness can also reduce a person’s life expectancy significantly.

The ‘Valuing Mental Health’ conference brought together patients, the public, healthcare professionals, third sector organisations and other partners to rethink the way mental health problems are addressed and to encourage joint working in the delivery of mental health services. Around 250 people from across Kent, Surrey and Sussex attended the event, which was hosted by NHS England and the South East Coast Clinical Network for Mental Health, Dementia and Neurological Conditions (which brings together clinicians who provide mental health treatment and those responsible for commissioning patient care in order to support the ongoing development of high quality services for local people).

A total of 64 people took part in the debate on Twitter, with a further 396,000 people reached through this mechanism.

A wide range of speakers including NHS England’s national clinical lead for mental health, Geraldine Strathdee, mental health campaigner and celebrity Ruby Wax and an engaging service user representative, Jo Hemmingfield, shared their thoughts with delegates on how to improve mental health care as part of the event.

Delegates subsequently discussed the actions they felt were needed in order to achieve parity of esteem for mental health and as a result of the event agreed upon six key principles they felt should underpin the commissioning of mental health services across the region.
2 Foreword

I really believe our services should be based around an understanding of the underlying causes of mental ill health and the needs of patients and their carers, rather than on our historical understanding of mental health. Modern neuroscience has taught us so much about the interaction of mind and body and we are now much clearer about the role of genetics, environment and social factors in health.

It therefore makes sense to rethink our services and approach to prevention and to consider how we can increasingly deliver care in a more holistic way, taking in to account all the mental and physical health needs of each individual.

If we are to improve services for people then we really need to achieve parity of esteem between mental health services and those traditionally designed to focus on “physical” conditions.

But we also need to stop thinking of mental health services as a separate silo to physical health services.

We know that mental health problems are increasingly common, and we know that people with long term physical conditions are likely to have mental health problems. But achieving parity of esteem for mental health goes beyond recognising this. It’s about creating systems that work together seamlessly for patients, and it’s about working to identify and appropriately treat mental ill health in the same way we do for physical ill health. It’s about increasing the status of mental health so that it is as shocking to leave a person with depression or schizophrenia untreated as it would be to leave someone with cancer untreated.

The conference that took place on 6 May brought together health professionals, service users, carers and a range of other partners to consider the actions we need to take in order to make this vision a reality.

Between us we generated some great ideas about this. Following the conference, I hope we can build on this momentum and continue the debate about how we can achieve parity of esteem for mental health, while also starting to take some of the actions described in this report to achieve this.

I would urge all those with a role in either the commissioning or delivery of care to read the report and take in to account the feedback from the wide range of stakeholders who attended the conference when planning future services.

Catherine Kinane

Clinical Director of South East Coast Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions
3 Aims of the conference

- To bring together patients, the public, healthcare professionals, third sector organisations and other partners in order to rethink the way we address mental health problems in the region, to encourage integrated working in the delivery of mental health services, based around an understanding of the underlying causes of mental ill health and the needs of patients and their carers.

- To embed the need to achieve ‘parity of esteem’ for mental health so delegates can collectively contribute to achieving this goal.

- To embed the need to treat individuals in a more holistic way so delegates can apply this to their work.

- To generate debate on the main challenges and ideas for the development of strategies for improving mental health in order to support the consistent delivery of the highest quality care for patients across Kent, Surrey and Sussex. At the conference, delegates were specifically asked to contribute their views on six key principles that those responsible for commissioning health services across Kent, Surrey and Sussex should take in to account when developing services, in order to help achieve parity of esteem between mental health and physical health.

- To give delegates the opportunity to share and learn from best practice and innovation in the delivery of mental health services.
4. A summary of thoughts from conference speakers

What does achieving parity of esteem for mental health mean?

“It’s about increasing the status of mental health so that it is as shocking to leave a person with depression or schizophrenia untreated as it would be to leave someone with cancer untreated. Everyone working in, and with, the NHS needs to stop thinking of mental health as somehow separate to physical health.”

Dr Catherine Kinane, Clinical Director of South East Coast Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions

A number of speakers spoke at the conference to share their different perspectives on how to achieve parity of esteem for mental health.

Copies of speaker presentations from the event are available on the NHS England website at www.england.nhs.uk.

Dr Catherine Kinane, Clinical Director of the South East Coast Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions, opened the event by describing the objectives of the day before introducing the following:

Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England

Dr Strathdee talked about the importance of taking into account the patient perspective in designing services and making sure that healthcare professionals focussed on what patients and service users want from the services which treat them.

She also pointed out the need to remember that mental health isn’t a single condition, and that there are 16 different groups of conditions that fall under the ‘umbrella’ of mental health. This includes a wide variety of conditions ranging from depression to different types of psychoses (including schizophrenia) and from eating disorders to dementia, to name just a few.
Dr Strathdee talked about some of the work that had been done to estimate the costs of mental ill health. She referred to a recent report published by the Greater London Authority which suggested that some £920 million a year was lost due to sickness absences in the city and a further £1.9 billion lost to reduced productivity, culminating in an overall estimated annual loss to London business and industry of £10.4 billion.

Dr Strathdee’s presentation also considered the impact that mental ill health can have on an individual, including the fact that mental health problems are estimated to be the most common cause of premature death.

She described the national picture in terms of the current experience of patients and some of the challenges faced in improving care. She also described what a good experience for patients would look like and described the work that is taking place nationally to improve services for patients.

Further information about just some of the work NHS England is doing at a national level to achieve parity of esteem for mental health is described on the NHS England website here: http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/

NHS England has also just confirmed that it has launched a new tool to help front line health staff make assessments of the cardiac and metabolic health of people experiencing psychosis and schizophrenia in order to improve their physical health: http://www.england.nhs.uk/2014/06/13/lester-tool/

Meanwhile, NHS England has also just announced the launch of new Mental Health Dementia and Neurology Intelligence Networks to help provide commissioners and other healthcare professionals with better intelligence, research and evidenced best practice in order to improve patient care:

http://www.england.nhs.uk/2014/06/19/mental-health-revolution/

Jo Hemmingfield, DCP England lead for service user and carer partnership, British Psychological Society

Jo Hemmingfield described her own experiences as someone who had used mental health services and stressed the importance of health professionals recognising that each individual is different.

She also emphasised the importance of health professionals recognising the value of working in partnership with service users, both when developing and designing services and in planning specific treatments and therapies that would be most effective for their individual care. The importance of service user involvement should be a key theme in the training and development of all healthcare staff, she explained.
Dr Angela Bussutil, Consultant Clinical Psychologist and Lead for Clinical Health Psychology, Sussex Partnership NHS Foundation Trust

Dr Bussutil spoke about the importance of integrating the different services that provide treatment to patients, in order to ensure that patients are treated in a more ‘holistic’ way and that their mental health needs are not forgotten.

She explained to the conference that 25 per cent of patients admitted to hospital due to a physical condition also have a mental health condition and that physical illness doubles the risk of a person experiencing depression.

**Dr Angela Bussutil:** “It is really important that we work together to treat individuals in a more holistic way so that a patient's physical and mental health can be looked at as a whole, and that we learn from each other and our collective successes and challenges.”

Dr Bussutil described surveys of staff working in hospitals where patients had been admitted for care following heart attacks, strokes or as a result of chronic obstructive pulmonary disease (COPD). Her presentation showed how the majority of staff agreed that if patients received psychological support as well as treatment for their physical illnesses then it would help reduce the number of people re-admitted to hospital and the length of time they had to stay there.

In her presentation, Dr Bussutil went on to describe some of the challenges that might prevent the integration of services and to explore how these challenges might be overcome.

Dr Shubulade Smith, Consultant Psychiatrist and Clinical Senior Lecturer, South Maudsley NHS Trust and King’s College, London

Dr Smith told the conference about the work of the Schizophrenia Commission, which she had been involved in. She explained how the independent commission of experts had been established by the group Rethink Mental Illness in November 2011, to review the care given to those suffering from schizophrenia and psychosis and recommend how their health outcomes could be improved.

While noting the progress that had been made over the past 20 years in better understanding the nature of schizophrenia and psychosis and improving treatment for patients, Dr Smith described the findings the commission had made about the impact on people living with these conditions. The commission found, for example, that people with schizophrenia and psychosis die on average 15 to 20 years earlier than the general population.

Meanwhile the cost of schizophrenia and psychosis to society is thought to be around £11.8 billion, but the commission recommended that this could be less if we invested more in prevention and effective care for people.
Sean Duggan, Chief Executive, Centre for Mental Health

Sean Duggan talked about the link between youth offending and mental health problems and explained the need for early intervention to support children experiencing mental health problems in order to try and improve their life chances.

He described how half of people with mental health problems experienced their first symptoms before the age of 14, with the risk factors for developing a mental health condition overlapping with the risk factors that make a child more prone to offend or to abuse substances.

He explained how children within the youth justice system were three times more likely to have mental health problems than other children, with the most common conditions they experience being ‘conduct disorder’ (a condition that causes defiant behaviour and sometimes severe aggressive and/or antisocial behaviour) and anxiety and depression.

Responding early to signs of mental ill health could help improve the quality of life for the young person and save society resources in the long term Mr Duggan explained.

Ruby Wax, Mental Health Campaigner

Ruby Wax talked to the conference about her own experience of mental health and the need for society to change the way it thinks about this, including removing the stigma people sometimes attach to mental health conditions.

She also talked about the busy lives we lead today and the culture of stress and how this can make us at risk of mental ill health, commenting “in the West it's the way we think that's killing us”.

Ms Wax echoed the thoughts of other speakers in emphasising the need to end the way that we think about physical and mental health separately and explained that she would have valued having a mental health walk-in service available to support her during a time of psychological distress.

She also stressed the value of mindfulness-based meditation and the opportunities this presented for empowering people to look after their own mental health and to stay well.
5. Questions to the panel of speakers

Some of the speakers subsequently joined Dr David Chesover, Mental Health Clinical Lead and Vice Chair of the West Kent Clinical Commissioning Group to take part in a panel discussion where they answered some questions that had been posed by delegates. Below is a brief summary of just some of the questions asked and some of the subsequent discussions about these issues.

5.1 Integration of services

One delegate asked about why there wasn’t better liaison between acute hospital services and local mental health services in order to achieve integration of care and treatment for patients. David Chesover explained that his colleagues were looking at changing health service contracts to achieve better liaison between services, but that the emphasis was still currently on the emergency response to support those in mental health crisis and this needed to be explored more as part of developing local commissioning plans.

5.2 Improving education in schools

The panel was asked for thoughts on using schools to help raise awareness of mental health amongst young people. David Chesover explained that his clinical commissioning group wanted to work much more closely with those in the education sector and that there was probably more work that could be done at a primary school age to raise awareness of mental health problems amongst children.

Ruby Wax:

“We need to take the stigma out of mental illness. People shouldn’t be ashamed of it.

“I am delighted to join so many people to talk openly about their mental health and also the mental health care they receive, and that through talking and learning from each other, mental health problems will be given the same status as physical health problems.”
Jo Hemmingfield recommended evaluating any work done on this with children and young people to ensure it was as effective as possible, explaining that often they can find it awkward talking about such issues if it is done in a way that does not engage with them on their level.

5.3 Taking in to account a person’s overall health and wellbeing

One delegate asked how staff working within pressured community mental health services could be supported to take in to account the wider biological, psychological and social factors that could play a role in affecting a patient’s mental health.

Geraldine Strathdee explained how health professionals should try and do this in every consultation with patients in order to support better care and felt that people usually welcomed the opportunity to discuss aspects of their overall wellbeing (eg their diet and how they sleep) when talking about their health. She noted that multi-disciplinary teams used this approach to improve patient care and that multi-agency partnerships can be effective in working in the interests of the patient and ensuring all their needs are addressed (for example housing needs officers working alongside health professionals to support individuals).

David Chesover agreed that this was an issue that commissioners needed to focus upon, ensuring that patient needs remain at the centre of any approaches that are developed to support people to recover from episodes of mental ill health.

5.4 Supporting service users to challenge health organisations

A delegate asked how service users could challenge health organisations where they felt this was needed to ensure the best patient care. Jo Hemmingfield said she felt the NHS still had some way to go before the principle of ‘no decision about me, without me’ was a reality for service users. She emphasised the importance of health professionals developing lasting, trusting relationships with service users and consulting them about every decision regarding their care.

Sean Duggan suggested that having more peer support workers working within the community and in mental health units could help support service users.
5.5 Prevention of mental ill health

A delegate asked whether there was any hereditary link that made some children more prone to mental ill health and whether health services could move more towards prevention than treatment.

Panel members noted a word of caution about linking all mental ill health in children to genetics, noting that a person’s environment and their own individual resilience were also factors to consider.

They suggested we need to think more widely about psychiatric distress and to involve everyone in the conversation about this. David Chesover explained that commissioners of care were constantly thinking about how the needs of a young person’s whole family might be addressed in order to better support them.

Sean Duggan explained that there were some factors that made children at potential risk of mental ill health, such as if they had parents who abused substances or if there was a history of abuse or violence in the family.

Geraldine Strathdee explained that we needed to look at what factors might be causing/exacerbating a young person’s mental ill health when considering treatment.

5.6 Role of carers

One delegate asked the panel what role they thought carers should play in supporting individuals, noting a survey of carers that found a large proportion of them were suffering with depression (which in many cases was directly linked to their caring role).

Catherine Kinane explained that the strategic clinical network was undertaking a review of all service user engagement forums that currently existed in Kent, Surrey and Sussex and that this would include work with carers and the wider public. She explained that a new carers’ app with useful information to support carers was also under development.

David Chesover explained that work was taking place in Kent with the main local mental health provider (Kent and Medway NHS and Social Care Partnership Trust) to improve the involvement of carers when patients are discharged from hospital.
5.7 Role of health and wellbeing boards

The panel asked a question about what the role of local health and wellbeing boards should be in improving mental health services. David Chesover said they had a key role to play in this and that hopefully their contribution would increase over time. Sean Duggan explained that he had been involved in a mental health challenge in which local authorities were asked to appoint a mental health champion linked to health and wellbeing boards, and he thought around 30 per cent of local authorities had done this.

Geraldine Strathdee confirmed that data soon to be released would give a more comprehensive picture about the mental health needs in each local area, which would support health and wellbeing boards in their work to support the development of services.

5.8 Supporting service users to co-design services

The panel were asked how service users could be supported to co-design services given their experiences. Jo Hemmingfield said she thought service users needed tailored support to be able to do this.

Catherine Kinane explained that there were lots of ways service users could get involved in the way services are designed and delivered and explained that Kent and Medway NHS and Social Care Partnership Trust regularly involves service users in its work. It was noted that the charity Raise had done some useful work to support organisations with patient and public involvement.
6. Delegate discussions on the key principles for commissioning mental health services

Delegates at the conference spent time discussing what they thought the key principles should be for commissioners to consider in developing local mental health services.

Feedback was given on six key suggested principles and whether they were the right ones to help achieve parity of esteem for mental health across Kent, Surrey and Sussex. Delegates were also asked for suggestions as to how these key principles might be applied in practice.

The need to involve service users in discussions about their own care and the development of services, the need to ensure better access to services, the importance of addressing the individual needs of service users and the need for greater awareness of mental health issues amongst all healthcare professionals were all key themes which emerged from the debate.

Following feedback received by delegates at the conference the suggested principles have been modified as a result of the comments given.

6.1 Suggested key principles for commissioners

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<tr>
<th>Principle 1</th>
<th>Some suggested key actions to achieve this</th>
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<tbody>
<tr>
<td>All strategies for improving mental health and wellbeing should address the wider elements that impact on an individual’s health using a ‘holistic’ model and engaging partner organisations in the local community to achieve this (including recognising the role a person’s family and support network play in supporting their mental wellbeing)</td>
<td>Training for both health and social care professionals on the factors that can impact on an individual’s mental health and wellbeing</td>
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<td></td>
<td>Better training for GPs on mental health issues</td>
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<td>Simplified access to different services, so that individuals can easily access the range of support they might need</td>
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<td>Principle 1</td>
<td>Some suggested key actions to achieve this</td>
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<td></td>
<td>Raise awareness of the importance of mental health earlier and teach resilience in schools to help children and young people look after their mental wellbeing.</td>
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<td>Involve the voluntary sector in work to improve the mental health and wellbeing of people in the local community.</td>
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<th>Principle 2</th>
<th>Some suggested key actions to achieve this</th>
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<tr>
<td>Ensure services equitably address the needs of the whole population, regardless of age, gender, sexuality, economic status, ethnicity, religion or disability</td>
<td>Address the stigma often associated with mental illness</td>
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<td>Improve communication to minority groups about the importance of mental health</td>
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<td>Ensure different attitudes to mental health are understood and addressed sensitively</td>
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<td>Equal opportunities recruitment to ensure staff are representative and can empathise with service users.</td>
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<th>Principle 3</th>
<th>Some suggested key actions to achieve this</th>
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<tr>
<td>Services for mental health conditions should be co-located with those for physical health where appropriate</td>
<td>Health professionals working in all specialities should have core competencies in mental health</td>
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<td>Shared electronic records between health and social care services</td>
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<td>Seven day working across services to ensure better access to care</td>
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<td>Single point of access with skilled triage for those experiencing mental ill health</td>
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<td>Principle 4</td>
<td>Some suggested key actions to achieve this</td>
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<td>All staff working within the NHS in Kent, Surrey and Sussex should have basic skills in identifying and managing common mental health conditions and should ensure this aspect of care is incorporated into their routine work</td>
<td>Improve GP training for awareness of mental health issues</td>
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<td>Mandatory awareness training of mental health issues throughout health, social care and emergency services</td>
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<td>Dedicated trainers to deliver basic training in mental health issues</td>
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<td>Ensure all staff have the opportunity to join multidisciplinary discussions about the care for service users</td>
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<th>Principle 5</th>
<th>Some suggested key actions to achieve this</th>
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<td>There should be timely access to specialised expertise where this is needed to support individuals</td>
<td>Set up more primary care services to support individuals with Asperger’s and autism</td>
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<td>Further work required to define definition of “timely” access</td>
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<th>Principle 6</th>
<th>Some suggested key actions to achieve this</th>
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<td>All strategies for mental health should place a strong emphasis on empowering and enabling people with mental health problems and their families/carers, ensuring providers of care co-design services and support with service users</td>
<td>Increase peer support for service users</td>
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<td>Focus on recovery model to help people recover from episodes of mental ill health while acknowledging not everyone has access to support of family and friends</td>
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<td>Provide clear, timely information so people can be actively involved in decisions</td>
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7. Conclusions and next steps

It has become clear that services need to be commissioned in a very different way than in the past, with a greater focus on the integration of mental health care with physical health care and an increased emphasis on prevention, early intervention and the empowerment of patients using a holistic model to ensure all an individual’s mental and physical health needs are met.

Some of the actions necessary to improve services go beyond NHS service provision and involve employers, the media, schools and local authorities all playing a part in helping to change cultural attitudes to mental health.

The voluntary sector is also important in providing additional support and innovative approaches to addressing mental health problems.

Any actions to improve mental health care need to take in to account the rising demand for services and financial challenge facing the whole NHS. Work to achieve changes in attitudes to mental health, to empower individuals to self-manage their own health and wellbeing, to strengthen community and family support networks and adopt other local solutions where possible will all therefore be important in helping to achieve parity of esteem for mental health.

NHS England and the South East Coast Clinical Network for Mental Health, Dementia and Neurological Conditions now want to build upon the discussions that took place at the conference in order to support health professionals and partners across Kent, Surrey and Sussex to take forward work to achieve parity of esteem for mental health.

We have therefore committed to the following as part of our ongoing work to support improvements to local services:

- To share this report widely with the patients and the public, commissioners of care, local health and wellbeing boards and healthcare professionals in order to reflect upon feedback and learning from the event.

- To ensure commissioning plans are scrutinised to establish if they are likely to lead to improved mental health for local people, taking in to account the principles service users and partners described at the conference.

- To encourage a continuing focus on mental health and to ensure service user involvement in discussions about how to improve services.

- To help develop better understanding amongst health service commissioners about the challenges to achieving true parity of esteem for mental health, so that these challenges can be effectively addressed.
• To encourage all commissioners of services to put the six principles established by delegates at the conference at the heart of all local commissioning strategies for health services.

• The South East Coast Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions are working with commissioners to improve access to mental health services and to develop mental health awareness among local clinical commissioners. Please visit the SCN website for details of how to get involved (www.secsen.nhs.uk)

We are grateful to all those who attended the conference and hope that delegates will continue to engage in further discussions in their respective local areas about how to help achieve true parity of esteem for mental health.
8. Appendix 1: Speaker biographies

Dr Angela Busuttil: Consultant Clinical Psychologist and Lead for Clinical Health Psychology, Sussex Partnership NHS Foundation Trust

Angela Busuttil is employed as a Consultant Clinical Psychologist for Sussex Partnership NHS Foundation Trust where she is the and where she has supported the development of psychological services in acute and long term physical health conditions. These services include neurological services, HIV and sexual health, pain management, ITU and major trauma, cardiology, diabetes and sight restoration.

Angela is the current physical health area lead for the Division of Clinical Psychology at the British Psychological Society and past chair of the faculty of Clinical Health psychology at the BPS. She has worked until recently on secondment with Kent Surrey and Sussex Strategic Clinical Networks on the integration of physical and mental health.

Dr David Chesover: Mental Health Clinical Lead & Vice Chair, West Kent CCG

David Chesover is Mental Health Clinical Lead & Vice Chair of West Kent CCG and is also clinical lead for CAMHS in Kent. He has been a general practitioner for 30 years and is Senior Partner at Thornhills Medical Practice in Larkfield. David has been actively involved in psychiatric and psychological care of patients throughout many aspects of his work. He has worked in family therapy and previously with Relate for nine years assisting with psychosexual therapy and assessments. He has practiced CBT for over 20 years as part of delivering care to his patients on a daily basis. David is a community skin tumour surgeon, has been a GP Regional Trainer for 20 years and following obtaining a Masters of Law has worked in conciliation, arbitration and as a clinical advisor to NHS bodies including National institute for Health and Care Excellence (NICE).

Sean Duggan: Chief Executive, Centre for Mental Health

Sean Duggan is Chief Executive at Centre for Mental Health. He joined the Centre as director of the Criminal Justice Programme in 2006, and was Joint Chief Executive from 2009 until June 2011.

Immediately before joining the Centre, Sean was Director of Health and Social Care for Criminal Justice at the London Development Centre and offender health consultant at the Department of Health. He trained as a registered mental health nurse in Sussex his first NHS Board Director’s post was also in West Sussex.
Sean Duggan is Chief Executive at Centre for Mental Health. He joined the Centre as director of the Criminal Justice Programme in 2006, and was Joint Chief Executive from 2009 until June 2011.

Immediately before joining the Centre, Sean was Director of Health and Social Care for Criminal Justice at the London Development Centre and offender health consultant at the Department of Health. He trained as a registered mental health nurse in Sussex; his first NHS Board Director’s post was also in West Sussex. Sean was Vice Chair of the National Advisory Group to the Health and Criminal Justice Programme Board, which was set up following the Bradley report in 2009. He is a Professorial Fellow at the Institute of Mental Health and is a Trustee of Look Ahead Housing and Care. In 2013, he was awarded the President's Medal by the Royal College of Psychiatrists.

Sean is passionate about raising standards of care and treatment in mental health services for offenders in the community and in prison, while also influencing politicians, policy makers and heads of public sector organisations and other key stakeholders.

Jo Hemmingfield has been told that she has bipolar disorder but she mostly ignores this and gets on with her life. Sectioned three times she has experienced some of the highs and lows of the mental health system. Vowing to do anything she could to improve the experience of others she joined the service user and carer group working with clinical psychologists in the British Psychological Society. As the Division of Clinical Psychology England lead for service user and carer partnership working, Jo is committed to developing a nationwide network of experts by experience.

Being Mum to two amazing but not necessarily normal teenagers, Jo spends much of her spare time providing taxi and catering services. She looks forward with anticipation and apprehension to her son leaving for university in September. Her latest hobby is her growing Twitter addiction.
Dr Geraldine Strathdee, OBE, National Clinical Director Mental Health, NHS England

Geraldine is a consultant psychiatrist in Oxleas NHS FT, and Visiting Professor, for the integrated mental health education programme at UCL Partners. For over 20 years she has held senior roles in mental health policy, regulation and clinical management, at national and London regional levels, and advises internationally on mental health service design and quality improvement, while working as a practising clinician.

She has been involved in transformational large scale service development programmes, moving services from hospital based, to 24/7 home care and primary care models. Her particular commitment is to the translation of policy and best practice evidence into front line routine clinical practice, empowering service users to reach their potential, and staff to maximise their time to care.

Clinically, she has worked in a wide range of primary care, inpatient and community services, and latterly with people with complex and multiple needs. She is committed to providing services which enable services users to live in their own homes, develop their own personalised care plans and self-management expertise to achieve recovery, while at the same time working with community agencies to deliver coordinated, responsive, care pathways.

Ruby Wax: Performer, writer, mental health campaigner

Ruby Wax is a much loved US born comedian, actor and writer based in the UK. Starting out as an actor at the RSC, she went on to write and perform in her own television shows and script edited all episodes of ‘Absolutely Fabulous’ More recently she has also become a mental health campaigner and gained a Masters degree in Mindfulness-based Cognitive Therapy from Oxford University.

Having suffered from depression from an early age, Ruby was inspired to establish Black Dog Tribe, a social networking site providing information about and social support for people suffering with mental health issues. In recent years, her one-woman show, “Out of Her Mind” has been enjoyed by audiences in London’s West End, Australia, South Africa and the U.S. She also presented her TedTalk at TedGlobal 2012 “What’s So Funny about Mental Illness?”

Last summer, Ruby’s new book "Sane New World" was published, which she describes as a guide to saner living. In it Ruby explains how our minds can jeopardize our sanity, and that to break the cycle, we need to understand how our brains work, rewire our thinking and find calm in a frenetic world. Her new show of the book is currently on U.K. tour.