Self-harm workforce development project for the children and young people's workforce.

Thinking together more critically and carefully about self-harm in children and young people for Bracknell Forest.

Short Report

November 2023

Bracknell Forest Council

Health Innovation
Oxford & Thames Valley

Contents

Introduction and background

NHS England identified children and young people's mental health as a key strategic priority (The NHS Long Term Plan, 2019). In response to new National Institute for Health and Care Excellence (NICE) guidance around self-harm (NICE, 2022) as well as local challenges, work to scope the local landscape was commissioned across Bracknell Forest to think carefully and critically, with the workforce, about self-harm in children and young people.

The project was funded and supported by Bracknell Forest public health as part of the Health and Wellbeing strategy 2022-2026 (Bracknell Forest Health and Wellbeing Strategy (bracknell-forest.gov.uk)). Health Innovation Oxford and Thames Valley in partnership with the University of Oxford aimed to build an understanding of the approaches used among the workforce to support children and young people who self-harm, using an innovative and collaborative cross-discipline approach. Staff from health care, education, the local authority and voluntary sector participated in the project to understand the challenges and positive practice within the context of the local area. The anticipated output was to identify accessible and actionable insights to influence practice in both the short and longer term.

Self-harm is defined as any intentional self-poisoning or injury, irrespective of the apparent purpose (NICE, 2022). Data collected over the Covid-19 lockdown suggests increased feelings of loneliness were associated with an increase in self-harm, with one in 15 adolescents self-harming during the first lockdown (Geulayov, 2022). Children and young people who self-harm also have a considerable risk of future self-harm or suicide, and this risk can persist over several years (Hawton et al., 2020). Barriers to accessing aftercare following an episode of self-harm such as perceived risk, thresholds, siloed working and bureaucracy can also heighten risk of further self-harm and increase burnout of staff (Quinlivan, 2023).

For mental health services self-harm is usually understood as a coping response rather than a mental illness or diagnosis. This is often secondary to a range of other presenting problems, which can in some instances impact on achieving a coordinated response where actions are taken with good intentions, but perhaps in isolation (Foster et al., 2013). Mental health settings place great value on the importance of professionals building trusting relationships and jointly

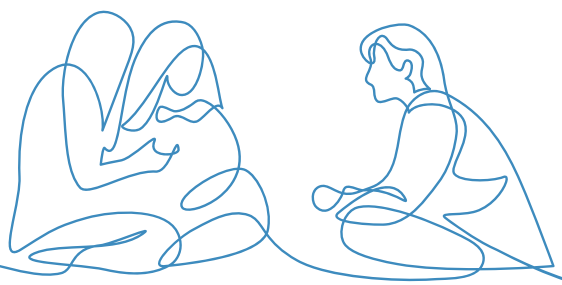
identifying problems with the individual they are supporting (Skegg, 2005). However, there is also potential for professionals to feel that self-harm is beyond their scope of knowledge and skills, or worried that engaging with young people about the issue of self-harm will make things worse (Foster et al., 2014).

It has been highlighted that there is a need for preventative measures for children and young people via prevention programmes in schools, where self-harm is occurring in the community but is largely hidden (Geulayov et al., 2018). Increasing numbers of children and young people presenting in hospital with self-harm also highlights the need for easily accessible community mental health services and well-resourced hospital-based services that can provide a comprehensive psychosocial assessment (Geulayov et al., 2018).

This has been reflected in the updated NICE (2022) guidance for assessment, management and preventing recurrence of self-harm, acknowledging all professionals working across the health and care system have responsibility for supporting children and young people who self-harm. For the first time this update includes advice for staff in educational settings as well as healthcare professionals, social care practitioners, third sector organisations and the criminal justice system.

Context

In 2020/21, Bracknell Forest had 215 emergency admissions for intentional self-harm, and approximately 67% of these were for children and young people aged 10 to 24 (Public health profiles - OHID (phe.org.uk). While the overall rate of hospital admissions for self-harm in Bracknell Forest were similar to the national and comparator group rates, the rates for children and young people aged 10 to 19 were higher than the England average (10 – 14 years 491.8 per 100,000; 15 – 19 years 1,113,3 per 100,000) (Public health profiles - OHID (phe.org.uk).



Scope and Methodology

The project phases sought to bring together the frontline workforce across Bracknell Forest in order to support collective decision making about the actions needed to help produce a holistic and place-based response to self-harm that also reflects the updated NICE guidelines. A rapid approach with varying components was created in order to offer as much workforce involvement as possible, allowing people to engage with as much or little as they had capacity for.

Phase 1 – Bringing together the workforce

Bringing together the children and young people's workforce across Bracknell Forest via a project launch webinar. The webinar aimed to set the background and context of the project and emphasise the importance of the workforce voice. At this point the learning network was also introduced alongside an explanation of how people could be involved with different components of the project. Webinar attendees were encouraged to participate in the project regardless of role, sector or experience and the learning network was used as a means of communication for project updates and progress.

Phase 2 – Workforce survey

The design, delivery, and analysis of an online workforce survey intended to help grasp the knowledge, understanding, and confidence of the local workforce supporting children and young people who self-harm. Attention was also paid to resources and tools staff choose to use as well as arrangements for supervision and collaboration with other organisations.

Phase 3 – Review of existing data

The analysis and review of existing local data about self-harm.

Phase 4 – Reflective sessions

Bringing together people from different roles and sectors to facilitate a deep dive into self-harm through the lens of the workforce. These small, cross-discipline face to face group sessions were made up of people in front line roles and aimed to encourage discussion and reflection, drawing on all participant perspectives to understand the reality of working with children and young people who self-harm in Bracknell Forest.

Phase 5 – Rapid review of grey literature

A rapid review of grey literature in order to gain a more coherent picture of the training, guidance, documentation and toolkits that are available locally and beyond.

Phase 6 – NICE baseline assessment tool for self-harm

The baseline assessment tool was used to help understand whether local practice is in line with the updated NICE guidance for assessment, management, and preventing recurrence of self-harm (NICE, 2022). Clinical and professional leads across sectors were invited to be part of a facilitated task and finish group to review and complete the tool with the shared aim of developing a picture of activity across the locality.

Results

After the phases of the project were complete, information was aggregated for review and themes identified across the project phases. These were summarised for ease of access into this current report, however full details of results for each phase are available as supplementary materials.

Reliable, consistent, and relevant training

Results from the workforce survey and NICE baseline assessment group indicate a need for a more consistent and reliable training offer for those working outside of healthcare, specifically for those working in the local authority or education sectors. The most frequent self-harm training offer reported by staff working outside of healthcare was “on the job” training, often coupled with Mental Health First Aid training. Despite its frequent attendance, the workforce viewed Mental Health First Aid as insufficient as a standalone training on self-harm.

Priorities for training identified by the workforce are around how to support a young person, increased access to training that is co-produced and bespoke training for local authority and education staff. Areas highlighted for these staff include how to support self-harm, understanding more about Gillick competence to improve confidence in decision making with regards to capacity and confidentiality (specific to secondary education), as well as what can be expected in a psychosocial assessment. Although qualitative data on training priorities focussed on these areas, perceptions of self-harm in terms of its function produced a large number of neutral responses in the workforce survey. This may indicate potential uncertainty and an area for training.

The workforce survey showed informal “on the job” training was the most frequently selected training offer by those in healthcare. This was often coupled with one or more specific self-harm training offers, however there was no consistency to what or who provided externally facilitated self-harm training. There was also some ambiguity regarding the training offer for psychosocial assessment in healthcare. Most mental health professional respondents in the workforce survey reported they had received training in psychosocial assessment, and the NICE baseline assessment group also identified this as routine practice within CAMHS. However, training on psychosocial assessment is offered locally on an

ad hoc basis, often via shadowing and there is no formal training available on psychosocial assessment specifically. In order to strengthen practice, a more formal training offer around both self-harm generally (for all staff) and psychosocial assessment (for mental health professionals) could be considered within induction processes. This would help ensure the training is robust and equitable for all staff.

Training for those in education settings on terminology, pathways and referral criteria as suggested by the NICE baseline assessment group, would likely help support staff confidence when discussing what children and families can expect from a referral to another service. Staff participating in the reflective sessions also echoed this, reporting a limited knowledge of the NHS and CAMHS systems, often viewing or experiencing self-harm as a barrier to treatment. These systems were frequently perceived as complex and difficult, accompanied by a sense that this impedes staff ability to access the right support for a young person.

Shared understanding of Psychosocial assessment

The clinical and professional leads who participated in the NICE baseline assessment group agreed there is a need to develop a shared understanding across services and sectors regarding the interpretation of ‘an episode of self-harm’. This includes agreement on criteria and thresholds under which a child or young person should be referred for a psychosocial assessment. The group also agreed that there is not capacity in the existing workforce to conduct the same scale of psychosocial assessment for every episode and presentation of self-harm.

For other sectors, it was noted in the NICE baseline assessment group that staff would benefit from a better understanding of what happens in a psychosocial assessment. This would support improved decision making around referrals and manage expectations with the child or young person. This could take the form of training or literature and links closely to feedback on collaboration from the workforce survey showing sectors outside of healthcare requesting either more collaboration (education) or more resource for collaboration (healthcare).

Parental response and understanding

Resources and help for parents with children and young people who self-harm was highlighted through all phases of the project as an area that could be improved. The challenge of parental response was apparent in all reflective sessions where participants spoke of the complexities associated with initiating emotive conversations with parents and feeling pressured to provide “a quick fix” or referral to another service. The workforce survey also highlighted parental understanding of and response to self-harm as a potential risk factor that “could cause a young person to hide their self-harm rather than get support for it”. This theme links to findings and recommendations around resources for parents cited in the section ‘Bespoke vs recommended resources’.

Risk Factors

Alongside parental understanding, relationships were also cited as risk factors by the workforce. This included carers, family, peers and parents as well as bullying and feelings of isolation. Within the context of relationships, respondents also reported the impact of home life and social circumstances such as financial difficulties, family conflict, and exposure to self-harm at home. Social media however, was the most frequently referred to risk factor across all sectors. Staff reported that the young people they see are “hearing about it as an option for coping or dealing with emotions via social media”. Some staff also commented on the impact of mental health problems on self-harm, in particular depression and anxiety, low self-esteem, as well as neurodiversity and the impact of trauma and abuse.

Hidden Harm

Hidden harm was a theme of particular significance for the education sector. In the reflective sessions there was a reoccurring comment from staff in education that some self-harm is unseen. Either through physically covering by clothing, being masked by other factors coming to the school’s attention that require an immediate response, or children and young people not engaging with services.

Information gathered from the NICE baseline assessment group and workforce survey suggests there are limited opportunities for staff in education to learn about self-harm, pathways for support and how best to support children and young people who are not presenting to medical or mental health services.

This indicates a training need as outlined in more detail in ‘Reliable, consistent and relevant training’. Increased opportunity for communication and liaison between services in these specific areas of hidden harm could help frontline staff with managing expectations of children and parents and bolster parental understanding and response.

Thresholds and expectations

Discussion generated in reflective sessions and the NICE baseline assessment group outlined the challenges associated with different ways sectors and services communicate. Whilst examples of positive collaboration were highlighted, barriers to the success of this were reflected across all areas of workforce involvement. Education staff described feeling isolated and “increasingly proactive on their own”. CAMHS staff often perceived pressure from staff in other sectors and parents to “stop the self-harm”. Both sectors agreed on the value and importance of developing communication between sectors and professionals but were mindful of resource and capacity challenges associated with doing so.

Emotional Literacy Support Assistants (ELSAs) were highlighted in the reflective sessions as a valuable resource in schools, however it appears the remit of these roles is often creeping due to increased demand and ELSA roles being seen as a ‘best fit’ for self-harm. Across the workforce survey and reflective sessions staff reported people in ELSA roles are facing increased pressure to support with self-harm despite this not being included in their core training. As a result, it appears staff turnover can sometimes be high. Survey respondents, the NICE baseline assessment group and participants in reflective sessions all commented on the value schools place on Mental Health Support Teams (MHSTs), however it was reported this support is only accessible in affiliated schools. Therefore, consideration needs to be given as to how the gap of mental health advice is addressed in the absence of these teams.

Participants in reflective sessions reported schools are encountering self-harm more frequently and at an earlier age in Primary Schools. Participants reflected schools have often taken positive steps to support an open dialogue with young people about self-harm, however there can be a sense of isolation for senior leaders when developing mental health policies and uncertainty over how such policies are meaningfully applied in a robust way across every school.

Bespoke vs recommended resources

There were no clear themes across any sector in terms of specific resources consistently used with or recommended to children and young people, and the grey literature review concluded there is an over-saturation of resources that provide similar information for parents, carers and professionals. Respondents to the workforce survey reported the most frequently used resources were internal resources such as care plans and safety plans. Discussion in the reflective sessions mirrored similar themes; resources were being used but often described as “difficult to navigate and make sense of” and there was an absence of any service endorsed or recommended resources. Similarly, across all reflective sessions, staff felt as far as possible, interventions should be co-created and bespoke, based on the individual young person, ensuring they feel heard, with less emphasis on ‘off the shelf’ resources for them to take away.

Where it was felt resources would be beneficial, there was strong agreement that it is in the best interest of the young person for these to be bespoke, often created in collaboration with the young person to promote ownership and buy-in. This was demonstrated across all sectors and for those working in a clinical capacity, closely reflects clinical guidelines of promoting respect, dignity and choice to build trusting and empathic relationships (NICE, 2022).

Staff presented a different view regarding resources for parents and carers, and were often using more specific self-help resources, the most frequently mentioned being ‘University of Oxford Coping with self-harm, a guide for parents and carers’ and ‘Charlie Waller parent guides’. For those working in CAMHS, a ‘parenting pack’ was also frequently referred to by staff as a useful resource.

Resources and parental understanding of self-harm are key factors in supporting parental responses. Challenges around these two areas were apparent across all sectors. For staff in CAMHS, in-house materials were often referred to such as ‘how to cope with your child’s self-harm information packs’ and parenting groups. These appeared to be offers of support staff felt confident discussing with parents. For all other sectors, parental resources were minimal outside of care plans shared with the young person and family, however the significant pressure and responsibility these staff often felt in navigating these conversations with parents was evident through feedback in both the workforce survey and reflective sessions. This was also consistent with discussion

in the NICE baseline assessment group. A need was also identified for resources and information that staff in education can give to parents and carers when talking about self-harm, particularly those in secondary education. With regards to information giving to other groups, the grey literature review indicated there are fewer resources available for friends of young people who self-harm. This may be due to a lack of demand from this group, or that resources are hosted on platforms not typically accessed by young people seeking further information. Information for young people with disabilities was also underrepresented in the grey literature review, and within the NICE baseline group adapting materials for young people with disability, sensory needs, and making documents relatable to all backgrounds and preferences was also flagged as an area for improvement.

With regards to digital tools and apps, there was broad reference to these across the workforce survey and reflective sessions, however there were no clear themes of consistently used or recommended tools. Young Minds and Kooth were the only websites mentioned across all sectors and Calm Harm was the most frequently referenced app suggested to children and parents (workforce survey). Discussion in the reflective sessions presented similar themes, and in all sessions, the group agreed young people actively do not want a digital solution on their phone and would rather speak in person to someone who will listen and taken them seriously. This has also recently been reflected in the views of university age students (Student-Mental-Health-Scoping-Highlights-Report-1.pdf (patientsafetyoxford.org)). Where young people show interest in apps, staff will signpost, but this would not necessarily be automatic. Likewise, if a young person mentions new apps, staff reflected they will show curiosity to ensure the content is appropriate and helpful.

With such a breadth of resources and tools available online, and in the absence of any nationally or locally recommended resources, staff across sectors may benefit from some locally agreed signposting resources to support a more consistent message. This is also relevant to the 'Risk Factors' section given the suggestion from staff that social media can make self-harm feel more accessible to young people. Given the scale of online resources observed from the grey literature review, any agreed or recommended resources should be regularly checked for accessibility, including active weblinks and keeping parents, teachers and professionals provided with up-to-date guidance on

social media platforms. Ensuring current knowledge could strengthen the useability of materials and improve staff confidence that the digital tools and websites they recommend are from reputable, robustly tested sources that reflect NICE guidance, rather than information disseminated by young people via word of mouth or social media.

Availability of supervision for education

The workforce survey highlighted supervision across education as the least robust across the sectors in terms of regularity and availability. The NICE baseline assessment group discussed challenges in accessing supervision offered by the local authority and typically supervision will be provided ad hoc. In order to fully meet the requirements outlined by NICE (2022), a more formal and regular supervision offer needs to be embedded within education for those regularly supporting children and young people who self-harm.

Reflections on process

The project was set up to take a unique, collaborative multi-agency approach rather than the traditional consultation method. This multi-agency approach was most visible within the reflective sessions and NICE Baseline Assessment group which required direct participation from front line staff.

Reflective Sessions

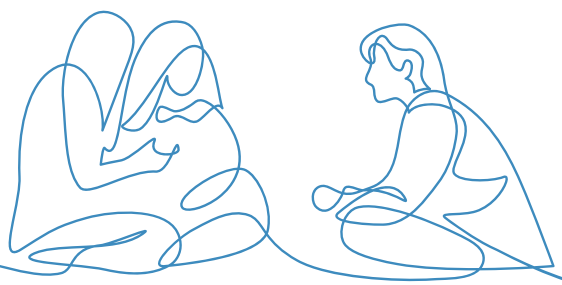
The benefits of engaging the workforce in this way were visible within the reflective sessions, where particularly for groups of 6/7 participants, there was rich discussion, visible learning and an appreciation of the pressures different colleagues face. Short notice cancellations were a challenge to engagement with reflective sessions, almost all of which were associated with work pressures or time constraints.

NICE Baseline Assessment Group

The initial expectation for the NICE Baseline Assessment group was for the three sessions to be conducted face to face, however the group requested to move online because more people were able to prioritise their attendance in a virtual capacity. Overall, feedback collated during, and post completion of this phase suggested that participants saw benefit and value in this task being completed in a collaborative way, and reflected that face to face sessions would have added greater value for networking and relationship building across sectors. However, time pressure and service demands persist as barriers to fully committing to this approach in its original planned form.

Workforce Survey

Responses to the workforce survey responses were lower than expected given the breadth and spread of the survey across different sectors. Anecdotal feedback at reflective sessions suggested it is possible the length of the survey (average completion estimated at 15 minutes) may have prevented some people from completing and submitting their responses, potentially because of competing work demands and priorities.



Conclusion

In response to the publication of the updated NICE guidance for self-harm (NICE, 2022), the aim of this project was to understand perspectives of the workforce in Bracknell Forest who encounter children and young people who self-harm through a local, multi-agency approach. The work undertaken has highlighted positive practice and captured some tangible insights for consideration in future local practice developments which are documented in the recommendations section.

Data gathered across different phases of the project showed staff appreciate and see value in understanding this topic through the perspective of the workforce. Time constraints and service demands were limiting factors to larger scale engagement from the workforce. However, from those involved there has been a willingness to share knowledge and experiences and think creatively about how to better understand and respond to self-harm in order to focus on earlier intervention and collaboration across sectors. Participating staff have referenced the value of collaboration and gratefully received opportunity for reflection with staff from other sectors and services they would not ordinarily meet with.

Although results have been reported in themes, there is significant overlap, and no elements should be tackled in isolation. A considered, co-ordinated response across services and sectors would provide continuity, collaboration and ownership of implementing change. Any change within the current landscape will require continued support and engagement from all stakeholders across the system, including those who were not represented within the project.

Recommendations

Training

- To help ensure training is robust and equitable, all sectors need to review their training offer to ensure self-harm training is a mandatory requirement. This should be tailored to the sector and role people work in.

- Particular attention should be given to the topics listed below. These topics need to be tailored to reflect the sector and staff group being trained to ensure information is relevant and appropriate to their role. These were of particular importance for those working in the local authority and education.

All staff:

- How to support the young person
- Understanding the function of self-harm
- Managing parental expectations
- What to expect from a psychosocial assessment
- Understanding referral pathways and clinical language
- Hidden harm
- Include co-production

Education only:

- Gillick competence principles (specific to secondary education)
- Training for Primary School staff specific to self-harm within age-appropriate context

Mental Health professionals only:

- In addition to the training areas listed above, mental health professionals could benefit from specific training in psychosocial assessment as part of their induction process to help strengthen the shadowing and local arrangements already in place.

- Further work needs to be undertaken within the locality to clarify and agree what training packages will look like across the sectors, and who will be responsible for delivery.

Resources - staffing

- Further understanding of the perceived need in schools where there is an absence of MHSTs would provide more insight into the specific challenges faced in some of these settings. This could include exploration of how to create a space for mental health advice where there is an absence of these teams.
- Consideration needs to be given to the role of ELSAs in schools, in particular increased pressure to support self-harm and access to appropriate training associated with this.
- Increased opportunity for communication and liaison between services could improve collaboration and referral processes, to enable networking and maintaining a shared agenda of self-harm.
- Further exploration is required across sectors and professionals to ensure agreement of when a psychosocial assessment is indicated. This should include a shared understanding of point 1.5.1 which states a psychosocial assessment should be conducted 'at the earliest opportunity after an episode of self-harm' (NICE, 2022). Consultation with CAMHS clinical and professional leads would provide insight into current process and procedure and how any changes, including a possible increase in volume of psychosocial assessments, may impact on workforce capacity.

Supervision, process and policy

- To help ensure consistency across educational settings, it would be useful to further explore supervision arrangements across schools for those who regularly support children and young people who self-harm. NICE guidance (2022) states all staff (including those in non-specialist settings) should have access to regular formal supervision, but this should be setting specific and focus on ongoing skills development appropriate to the individual's role and build confidence in caring for people who have self-harmed.

- Participants within reflective sessions commented on the value of having reflective space and the unique opportunity to speak openly and share experiences across services, sectors and roles. Further opportunities such as this could support staff development and wellbeing.
- Support for process and policy development could be considered for those in education to feel equipped to meaningfully apply mental health policy in a robust way across every school.

Resources – information giving

- There is an over-saturation of resources providing information for parents, carers and professionals. A deep-dive into the grey literature resources using clinical and professional expertise from the local area would lead to a streamlined selection of locally agreed resources for staff to use.
- Consider resources for children and young people with disability that are rarely addressed in existing material.
- Consider the current gap in resources for friends of children and young people who self-harm.
- Any agreed or recommended resources should be regularly checked for accessibility, including active weblinks.
- Parents, teachers and professionals should be provided with relevant guidance on social media platforms.
- A specific review of resources and information that staff in education can give to parents and carers when talking about self-harm could support staff to feel more confident in communicating with parents about what they can expect and how they can support their child. This also supports the needs highlighted in training recommendations.
- Ensuring up-to-date knowledge of digital resources could strengthen the useability of materials and improve staff confidence that the digital tools and websites they recommend are from reputable, robustly tested sources and reflect NICE guidance, rather than information disseminated by young people via word of mouth or social media.

References

Bracknell Forest Council (2022). Bracknell Forest Health and Wellbeing Strategy 2022-2026. https://www.bracknell-forest.gov.uk/sites/default/files/2022-06/bracknell-forest-health-and-wellbeing-strategy-2022-to-2026_0.pdf

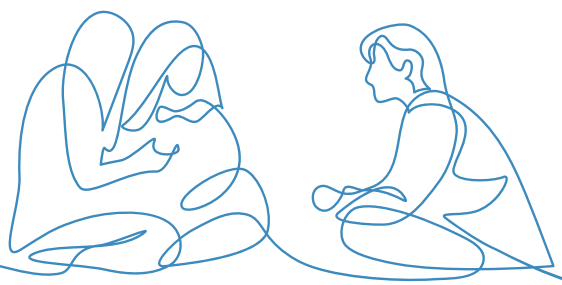
Foster, C., Allen, S. & Rayner, G.C. (2013). Self-harm and suicide amongst children and young people in Knowsley a collaborative workforce development project in partnership with Knowsley council and Knowsley clinical Commissioning Group. Self harm and suicide amongst children and young people in Knowsley a collaborative workforce development project in partnership with Knowsley council and Knowsley clinical Commissioning Group (worktribe.com)

Foster, C., Birch, L., Allen, S. & Rayner, G. (2014). Enabling practitioners working with young people who self-harm. Journal of Mental Health Training and Education Practice (PDF) Enabling practitioners working with young people who self-harm (researchgate.net)

Geulayov, G., Casey, D., McDonald, KC., Foster, P., Pritchard, K., Wells, C., et al. (2018). Incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England (the iceberg model of self-harm): a retrospective study. Lancet Psychiatry. 2018;5:167–74.

Geulayov, G., Mansfield, K., Jindra, C., Hawton, K. & Fazel, M. (2022). Loneliness and self-harm in adolescents during the first national COVID-19 lockdown: results from a survey of 10,000 secondary school pupils in England. Current Psychology. https://nspa.org.uk/wp-content/uploads/2022/10/Loneliness-and-self%E2%80%91harm-in-adolescents-during-the-first-Covid-lockdown-1.pdf

Hawton, K., Bale, L., Brand, F., Townsend, E., Ness, J., Waters, K., Clements, C., Kapur, N & Geulayov, G. (2020). Mortality in children and adolescents following presentation to hospital after non-fatal self-harm in the Multicentre Study of Self-harm: a prospective observational cohort study. Lancet Child & Adolescent Health; 111-120.



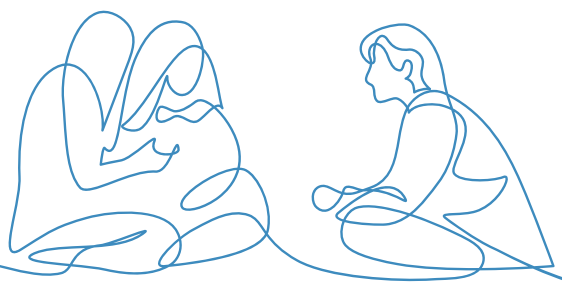
National Institute for Health and Care Excellence. (2022). Self-harm: Assessment, Management and Preventing Recurrence (NICE Guidance 225). https://www.nice.org.uk/guidance/ng225

NHS (2019). The NHS Long Term Plan. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

Office for Health Improvement & Disparities (2023). Public Health Profiles. Public health profiles - OHID (phe.org.uk)

Quinlivan, L., Gorman, L., Marks, S., Monaghan, E., Asmal, S., Webb, R.T. & Kapur, N. (2023) Liaison psychiatry practitioners' views on accessing aftercare and psychological therapies for patients who present to hospital following self-harm: multi-site interview study. BJ Psych Open. Liaison psychiatry practitioners' views on accessing aftercare and psychological therapies for patients who present to hospital following self-harm: multi-site interview study | BJPsych Open | Cambridge Core

Skegg, K. (2005) Self-harm. Lancet; 366: 1471-83



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