



Public Health
England

Protecting and improving the nation's health

The Science and Art of 'Public Mental Health' and how it can improve the public's mental health

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Summary

- The dominant narrative around 'mental health' and its limits. (tensions and evolution)
- The move 'upstream'? – and the challenges (narrative, evidence, ownership)
- Embedding / Integrating
- Green shoots?
 - Intelligence and evidence
 - Local Government
 - Communities
 - Part of something bigger

The case for focusing on mental health

- A vital aspect of community, neighbourhood, family and individual health and wellbeing
- An essential as part of overall approach to addressing inequalities
- A key component of overall health and wellbeing, thinking beyond and complementing the treatment of illness (mental and physical)
- A crucial opportunity to exploit the links between mind and body in order to improve health and wellbeing for all, as well as those living with long term conditions, disabilities, distress
- A key part of the national agenda to ‘shift towards prevention’ – by reducing demand on the acute and community parts of the National Health Service (NHS) and improving the rate and sustainability of recovery (NHS England 5 Year Forward View)

Key Statistics

1 in 4 of us suffers from a mental health problem in the course of a year

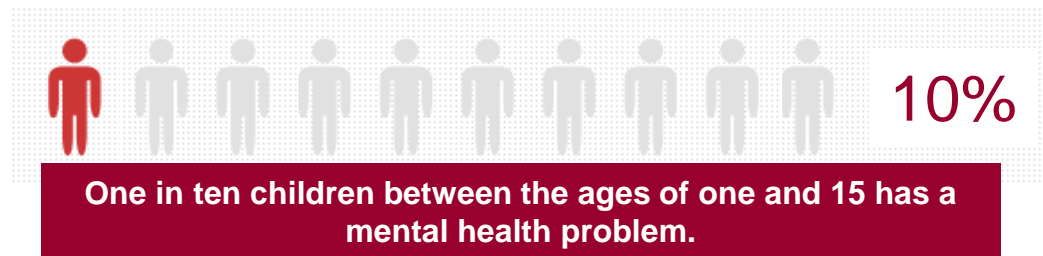
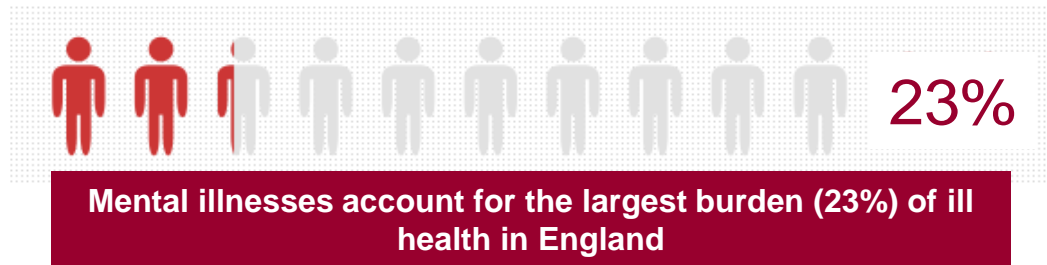



Half of all lifetime cases of mental illness begin by age 14.



*NIMH

Suicide is the single biggest cause of death in men age 20-45 in the UK



People living with mental illness today have the same health and life expectancy as the general population in the 1950's

Public Mental Health

World Health Organisation's definition of public mental health:

- Mental health is “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.”
- Public mental health relates to “both the promotion and protection of mental health and to the prevention and treatment of mental illness.”
- Traditional approaches focus on mental illness recognising suffering, disability or morbidity due to mental and neurological disorders and the influence of individual genetic, biological and psychological factors.

Rationale

- Public mental health recognises that problems are determined by multiple and interacting social, psychological, and biological factors.
- Chief Medical Officer recommends WHO definition as part of an ‘at scale’ approach to improving the public’s mental health across England.

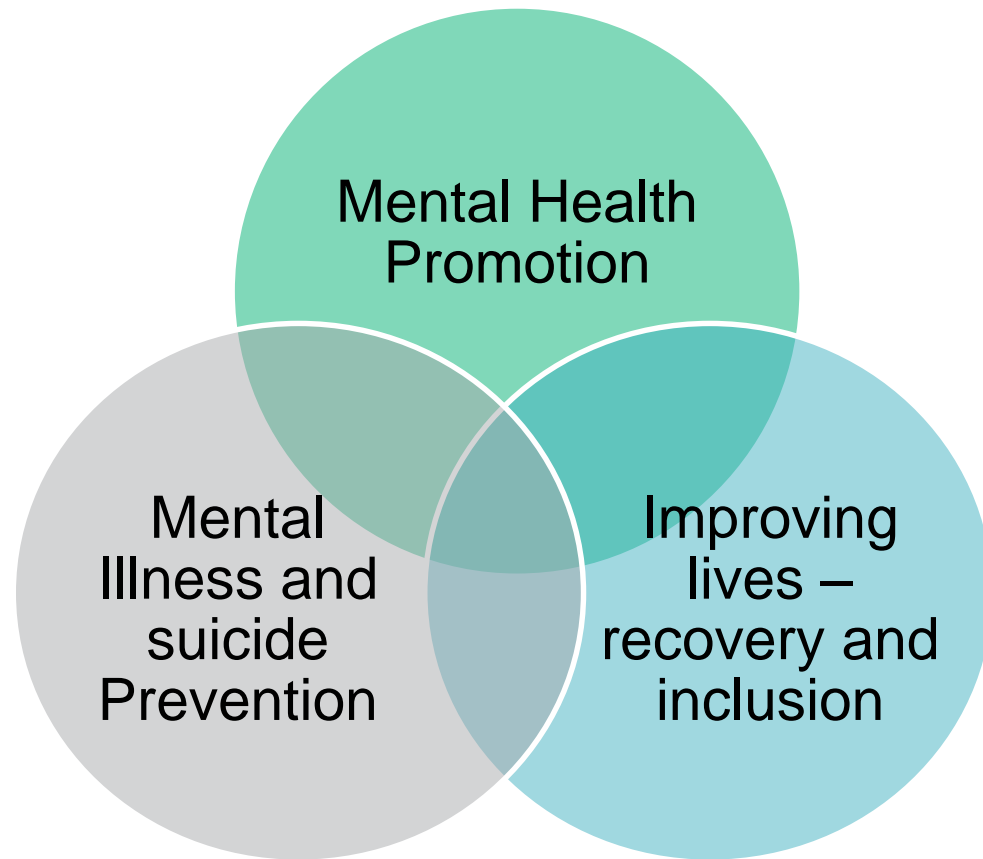
PHE Public Mental Health Team

- We provide **specialist, expert advice and support** to colleagues both nationally and locally
- We **work with** local PHE Centres and local authorities to support them as they develop their local plans and deal with local issues, innovate and change
- We **commission** resources to provide stakeholders with a better understanding of challenges related to our agenda and tools to help them address these
- We **work with academic** and researchers to make linkages between the research base, policy and practice
- We **facilitate** and work across organisational boundaries to seize opportunities that arise to support of our programme aims to improve health and wellbeing and reduce health inequalities
- **We build and sustain partnerships** between statutory, business, academic and community and voluntary sectors at local and national level

PHE's Public Mental Health Ambition

'Everyone, irrespective of where they live, has the opportunity to achieve good mental health and wellbeing....especially communities facing the greatest barriers and those people who have to overcome the most disadvantages. This includes those living with and recovering from mental illness.'

Our Approach to Public Mental Health

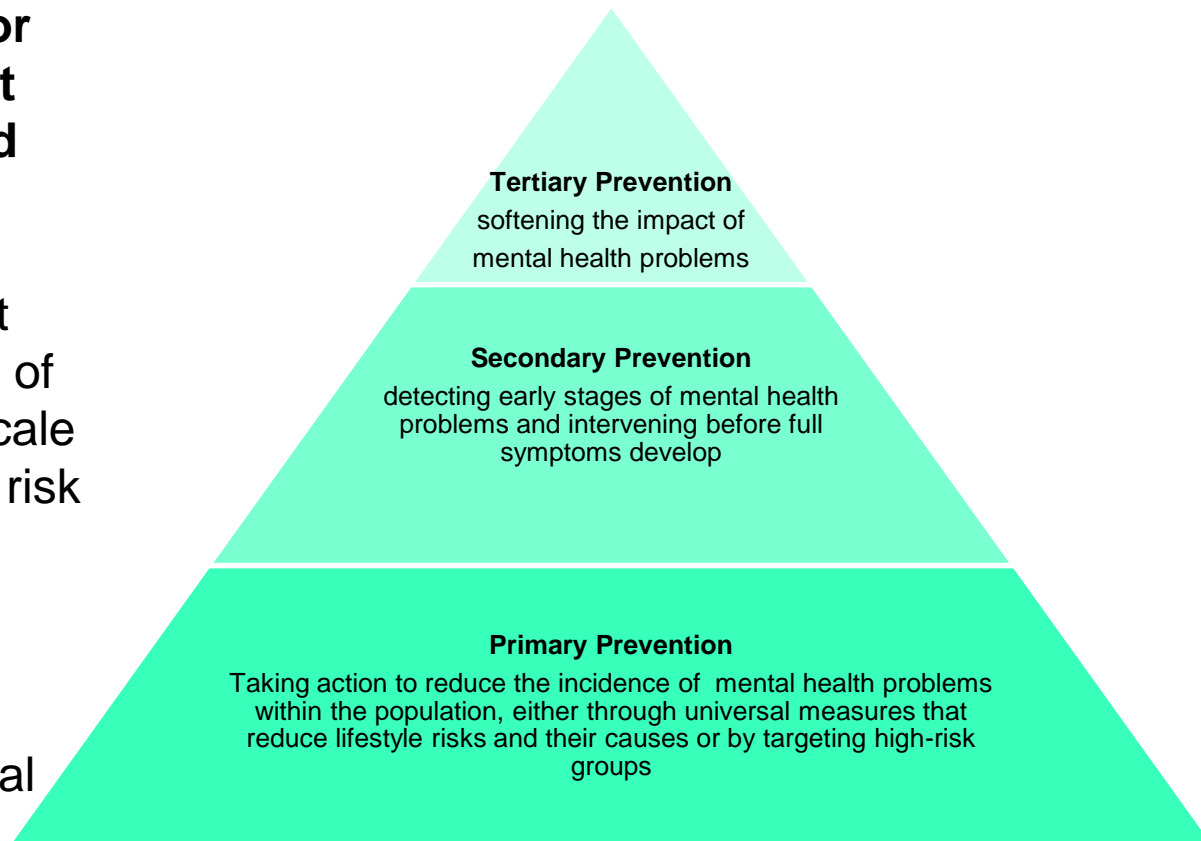


What do we know works?

Prevention and early intervention

A systematic approach to identifying opportunities for action ‘at scale’ that impact on individuals, families and communities

- Life-course approach
- Identification of action that has the greatest evidence of impact on prevention at scale
- Ensuring those at highest risk receive greatest levels of support
- Place and settings approaches
- Addressing the wider social determinants



Opportunities for Promotion and Prevention

- Embedding mental health in all PHE priorities
- National leadership role
 - **Five Year Forward View**
 - **NHSE Mental Health Taskforce**
 - **National Prevention Alliance for Mental Health**

National Mental Health Taskforce

Developing a new five year national strategy for mental health, for people of all ages across England.

Exploring variation in the availability of mental health services , outcomes for people who are using services, and identifying key priorities for improvement.

Considering **ways of promoting positive mental health and wellbeing. improving the physical health of people with mental health problems and whether we are spending money and time on the right things.**

Chaired by Paul Farmer and made up of health and community leaders and experts in the field of mental health including specialist doctors, charities, service users and their families.

Report is due February 2016

National Prevention Alliance for Mental Health

Set up by PHE in Summer 2015

Aim is to create a social movement that can help drive the cultural change needed to embed prevention thinking across policy and practice.

Membership of the Prevention Alliance is open to national representative organisations from the public, voluntary, community and private sectors who support its aims and objectives, and sign up to its Common Cause.

Current membership of over 30 national organisations including Macmillan Cancer Support, Diabetes UK, Housing Associations i.e. non mh focussed organisations

Collaborative approach to identify and deliver prevention focussed actions that will be taken forward through a co-shared work programme.

Members of the Alliance agree to use their spheres of influence and levers within their control to contribute to achieving a change in key public health and other outcomes by 2020.

Prevention – Looking ahead

- Enacting the Mental Health Taskforce Recommendations
- Up to 4 key stakeholder briefings on prevention
- JSNA Resource Tool
- Work on the Economic case and ROI for promotion and prevention interventions (Produced with the National Mental Health Intelligence Network)

Improving lives

Context

- estimated that mental health represents **23%** of the UK national ill health
- the single **largest cause** of disability
- affects **1 in 4** of population
- a quarter (**24%**) of people with common mental disorders are receiving some kind of intervention
- total economic cost of mental illness in the UK is **£105 billion**
- most adults with mental illness have their first episode before the **age of 16**
- common mental disorders tend to be highest in **midlife**, and in those living in **low-income** households
- psychotic disorders arise more commonly in **BME** communities; e.g. schizophrenia is five times more common in black communities

Improving lives

The lives of people with mental health problems

Physical health

- people with severe mental illness die **15 - 20** yrs earlier
- die from the **5 big killers**
- have up to **3 times** more risks to physical health e.g. poor diet, increase smoking rates
- have **less** access to population healthcare

Social wellbeing (wider determinants)

- higher levels of **unemployment**
- higher levels of **poor housing** and **homelessness**
- experience **stigma** and **discrimination**

Improving lives – PHE activity

- smoking cessation (access to community smoking cessation services, smoke free mental health units)
- promoting equal access to population healthcare e.g. cancer, non cancer screening and health check programmes
- promoting physical health care (CQuINs and QoFs)
- addressing wider determinants (employment and housing)
- Work with system leaders e.g. DH, LGA, LAs, CCGs, NHSE, Royal Colleges

Improving Lives - Looking Ahead

- Physical healthcare - Ensuring people living with mental health problems have access to population healthcare, screening services, and regular physical health checks.
- Supporting NHS services to become completely smoke free and smoking cessation support for people with mental illness.
- Supporting actions on NHS Efficiencies
- Supporting national PHE and NHSE work on Diabetes, Cancer and Cardiovascular disease
- Employment and housing
- Debt and Mental Health

Suicide Prevention - Statistics/Context

ONS figures released February 2015

- 2013 – 4727 suicides, increase of 214 compared to 2012.
- Male suicide rate highest since 2001. Female rates have stayed relatively constant. The highest UK suicide rate in 2013 by broad age group was among men aged 45 to 59, at 25.1 deaths per 100,000, the highest for that age group since 1981.
- Highest rate in North East England and lowest in London
- The national data available for England and Wales shows that **only 28%** of suicides occur in people who are in contact with services.*
- i.e. **72%** of those who died by suicide were **NOT** in touch with secondary MH services within one year prior to death, highlighting the need for a Public Health approach to Suicide Prevention

Suicide Prevention - Strategy

'Preventing suicide in England: A cross-government outcomes strategy to save lives' was launched in 2012 by the Department of Health. This sets out six key objectives:

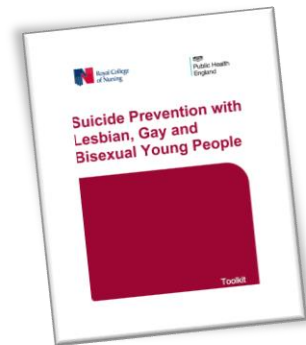
1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

Public Health England's programme of work aims to address and support the delivery of these six key objectives.

Suicide Prevention – PHE Activity

Publishing tools and resources for Local Authorities and Health Professionals:

- *How to write a suicide prevention action plan – **to be updated later this year***
- *Support for audit – suicide prevention fingertips tool*
- *Preventing suicides in public places*
- *Identifying and responding to suicide clusters*
- *Preventing suicide among lesbian, gay and bisexual young people: a toolkit for nurses*
- *Preventing suicide among trans young people: a toolkit for nurses*
- *Bereavement support – Help is at Hand. Commissioned a bereavement support framework and pathway which will be published later this year. .*
- 3 pilots of “real-time” surveillance of suicides in collaboration with the police, to provide reliable and timely information to front line local authority and NHS



Suicide Prevention - Looking ahead

- Coordination of partners across health, the voluntary sector and government to support delivery of the national strategy.
- Provision of guidance, data and tools for Local Authorities and the wider system to support production of good quality suicide prevention action plans and audit. To include evidence and best practice for real time data and bereavement support pathways, where there is currently a gap in the evidence/guidance. Distribution of Help is at Hand.
- Working with Health Education England, to review frontline and community suicide prevention training to provide best practice specification/recommendations in line with the workforce development framework for public mental health.
- Support to the development of a PHE wide network of expertise and support for suicide prevention.

Challenges

Despite,

- Increased awareness and growing commitment.....

We still see,

- Discussion dominated by mental illness and often pejorative (burden, costs etc)
- Any 'new' investments targeted at downstream services (ok, but where is prevention?)
- Low understanding of good 'mental health' and its benefits to overall health and wellbeing and other significant public and social outcomes
- Poor evidence of real embedding and integration into physical health, public health and vice versa
- Major social determinants remain the biggest challenge (austerity, poverty, housing, employment, education, inequality, discrimination, race, sexuality etc....)

Where to focus efforts

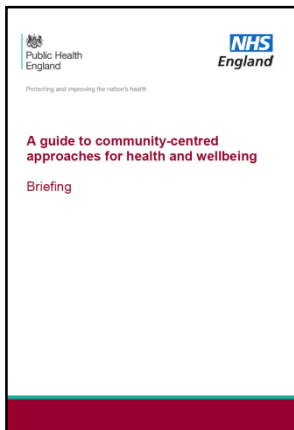
- Making the case – a better, more compelling narrative
- Broader public understanding
- Improved engagement of other sectors – housing, employment, criminal justice, education, health
- Leadership for prevention

..... 5 areas of focus

1. Communities

Building confident and connected communities is an important route to improve health and reduce the health gap

2014/15 PHE and NHS England project to draw together and disseminate existing evidence and learning on working with communities



Guide & family published Feb 2015

2015/16 Evidence into action

- Embedding across PHE priorities
- Application of family to practice
- Development of knowledge portal
- Asset based approaches
- Communication and dissemination

System leadership

Good access to evidence and learning combined with strong collaborations will help grow and strengthen effective working with communities

2. Continuing at scale

- Suicide Prevention Strategy Implementation
- Improving the physical health of people living with mental illness
- Co-morbidity
- Physical ill health and mental health

3. Improving mental health across the lifecourse

- Early Years – perinatal mental health, family and parenting support
- Children and Young People – schools and education, adolescence, transitions
- Adults – work, working life, employers, culture and recreation
- Older life – reducing social isolation, preventing depression, dementia

4. Addressing Social Determinants

- Housing
- Employment
- Education
- Inequality and discrimination

5. Knowledge, Capacity and Evidence

- Using intelligence wisely
- Building workforce capacity
- Developing and investing in research and evidence

Good Data and Intelligence

National Mental Health, Dementia and Neurology Intelligence Network (NMHDNIN)

“Turning data and information into timely meaningful health intelligence for commissioners, policy makers, clinicians and health professionals to improve services and outcomes.”

NMHDNIN focuses on the following key areas:

- Common mental health problems,
- Severe mental illness,
- Children and young people,
- Wellbeing,
- Co-existing substance misuse and mental health issues,
- Dementia and
- Neurology.

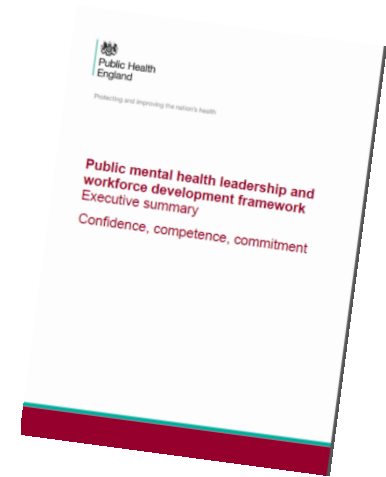
Email: mhdnin@phe.gov.uk

Web: www.gov.uk/phe

Workforce and Leadership

PHE ACTION PLAN calls all partners to take action on:

Applying, and testing, the principles and competencies to different workforces – Competencies and Capabilities



What Works Centre for Wellbeing

Aim:

to understand what governments, communities, businesses and individuals can do to increase wellbeing

Purpose:

Collate → Synthesise → Translate Evidence

Initial evidence programme:

Work & Learning | Community | Culture & sport

Website: www.whatworkswellbeing.org

Some PHE Web links

Public mental health leadership and workforce development framework

<https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>

A guide to community-centred approaches for health and wellbeing

<https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

Guidance for developing a local suicide prevention action plan

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan_2_.pdf

National Mental Health Intelligence Network Website

<http://www.yhpho.org.uk/default.aspx?RID=191242>

Local Suicide prevention profile tool.

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

Contact us

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