



No Health Without Mental Health: A guide for Directors of Public Health

Mental health conditions account for almost one quarter of ill health in the UK, more than either cancer or heart disease (WHO 2008), and their prevalence is rising, with the World Health Organisation predicting that depression will be the second most common health condition worldwide by 2020. Mental health conditions affect people of all ages but in a majority of cases they emerge by the mid-20s and with effective promotion, prevention and early intervention their impact can be reduced dramatically.

Following the publication of the implementation framework for the Government's mental health strategy, this briefing sets out the crucial role that local Directors of Public Health can play in improving the mental health of everyone in their communities and in tackling some of the widest and most entrenched inequalities in health, to deliver duties enshrined in the Health and Social Care Act and Public Health Outcomes Framework.

This is one of a series of briefings produced on behalf of the Mental Health Strategic Partnership with funding from the Department of Health

What can Directors of Public Health do?

The recommendations below build on the Implementation Framework's key actions for public health service commissioners and providers.

- **Prioritise and develop a clear plan for public mental health:** This could incorporate the three-tier approach to improving public mental health: universal interventions to build resilience and promote wellbeing for all ages; targeted prevention and early intervention for people at risk of mental ill health; and early intervention for those with early symptoms of mental health conditions.
- **Champion 'mental health for all':** Directors of Public Health can clearly articulate the benefits of prevention, promotion and early intervention in their communities (Knapp *et al.*, 2011) and raise the profile of mental health locally.
- **Build mental health into mainstream public health priorities:** adopt an holistic approach to physical and mental wellbeing and address the mental health dimensions of 'traditional' public health issues such as obesity, smoking, alcohol and sexual health.
- **Support positive parenting,** including Family Nurse Partnership and through proven parenting programmes.
- **Commission or provide mental health training**

for non-mental health professionals: Training builds awareness of mental health issues, addresses myths and stigma, and enables professionals to spot the early signs, provide support and signpost to the right services.

- **Ensure health improvement efforts consider the specific physical health needs of people with mental health conditions.** Smoking cessation is particularly critical for those with severe mental illness.
- **Strengthen services and access for people with complex needs:** This could include integrating care and strengthening outreach for people who have co-occurring mental health conditions and substance misuse.
- **Set ambitious expectations and monitor outcomes:** Public health services can identify and make use of appropriate mental health data, indicators and measures - including data on inequalities – to drive change locally.

Facts and figures

At any one time, at least one person in six is experiencing a mental health condition (McManus *et al.*, 2009). Depression and anxiety affect about half of the adult population at some point in their lives.

Mental health conditions account for 23% of the burden of disease but just 13% of NHS spending. Three-quarters of people affected never receive any treatment for their mental health condition (LSE, 2012).

Mental ill health costs some £105 billion each year in England alone. This includes £21bn in health and social care costs and £29bn in losses to business (Centre for Mental Health, 2010).

Half of all lifetime mental health problems emerge before the age of 14 (Kim-Cohen *et al.*, 2003; Kessler *et al.*, 2005).

People with a severe mental illness die up to 20 years younger than their peers in the UK (Chang *et al.*, 2011; Brown *et al.*, 2010). The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC, 2012).

People with mental health conditions consume 42% of all tobacco in England (McManus *et al.*, 2010). The single largest cause of increased levels of physical illness and reduced life expectancy is, among people with severe mental illness, higher levels of smoking (Brown *et al.*, 2010).

Objectives from the strategy

The Government's mental health strategy for England, No Health Without Mental Health, set out six key objectives for better mental health and improved mental health care. It can be found at: <http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm>.

The six objectives are:

More people will have good mental health

More people with mental health problems will recover

More people with mental health problems will have good physical health

More people will have a positive experience of care and support

Fewer people will suffer avoidable harm

Fewer people will experience stigma and discrimination

Identifying local needs and effective interventions

The Joint Commissioning Panel for Mental Health (2012) advises that Directors of Public Health can lead local efforts to identify:

- levels of mental ill health and wellbeing in localities
- proportion of those with mental health conditions receiving appropriate intervention
- proportion of those with low wellbeing receiving mental health promotion interventions
- Levels of risk factors for mental disorder and protective factors for wellbeing.

Positive parenting as a public health intervention

There is now clear evidence that a child's life chances are dramatically influenced by their relationships with their parents. Children with early onset behavioural problems have reduced life chances and those with the most severe forms of conduct disorder are 70 times more likely to end up in prison during their lives than those without (Fergusson *et al.*, 2005).

Effective and cost-effective interventions exist to support positive parenting. To work well these need to follow an evidence-based model (eg the Triple P and Incredible Years schemes), to be easily accessible to families at highest risk, and to be linked with Health Visitor, general practice and maternity services (Centre for Mental Health, 2012). As part of local needs assessments, Directors of Public Health can identify what proportion of families need and have access to such interventions.

Birmingham City Council has invested in evidence based interventions in children's centres (Triple P) and schools (PATHS) targeted towards those with the highest risk factors for poor outcomes. The Council also surveys every child's mental health and wellbeing routinely as part of school activity.

Drug and alcohol services and mental health

According to the most recent adult psychiatric morbidity survey (McManus *et al.*, 2009), 6% of the adult population is alcohol dependent and 3% drug dependent. Some 75 per cent of users of drug services and 85 per cent of users of alcohol services also experience a mental health condition, most commonly depression and anxiety (Weaver *et al.*, 2002).

Directors of Public Health will be better able to achieve their goal of reducing drug and alcohol misuse by linking with both specialist mental health services and Improving Access to Psychological Therapy services for people with a co-morbid mental health condition. The Combined Psychosis and Substance Use Service (COMPASS) in Birmingham (Graham *et al.*, 2003) provides an integrated 'shared care' service for people with 'dual diagnosis' of severe mental illness and problematic drug or alcohol use.

Promoting physical health for people with a mental health condition

The Sheffield Mind and Body Project starts from the premise that mental and physical health are interlinked and for people to live healthier lives a holistic approach is needed.

The project provides a range of services, targeted towards areas with high levels of deprivation, including:

- Group sessions on healthy lifestyle, anger management and exercise
- Workshops on food and mood, beating stress, boosting self esteem, relaxation
- One to one mentoring
- Volunteering opportunities – recruiting 15 Health Champions, who commit to promoting health in the least healthy communities in Sheffield.

Over two and a half years, over 750 people have been engaged through the project. A follow up survey showed that all of those sampled had sustained the lifestyle changes they had made.

Stevenage Wellbeing Centre

Stevenage Wellbeing Centre, run by Mind in Mid Hertfordshire in partnership with other local organisations, is an open access service for everyone in the local community. The Centre offers a range of free services, from activity clubs and self-help groups to training courses and exercise programmes. It houses mental health services like computerised CBT and counselling alongside art, gardening and a gym with personal trainers.

The Centre has around 1,000 contacts a month, supporting 300 people to stay well and live actively in the community. It is supported by public health, local authority and NHS funding.

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