Public Health England

Protecting and improving the nation's health

A Public Mental Health Approach to Reducing Inequalities

Gregor Henderson
PHE

Recent PHE Health Profiles

- Longer Lives. But stubborn Health Inequalities. 19 year gap
- Long Term Conditions Increasing. Preventable, major HI, 70% of health and social care spend. 3.9m people.
- Morbidity Shifting. Mental Health Problems, Substance Misuse, Third of Burden of Illness of 15-29 year olds.
- Mental illnesses account for the largest burden of disease in England at 23%.
- Common Mental Health problems Increasing. 13% of men, 21% of women

Good education, good jobs, roof over our heads, people to care for and about……..

30% live below Minimum Income Standards. 29% of work age adults.

https://publichealthmatters.blog.gov.uk/2018/09/11/health-profile-for-england-the-health-of-england-today-and-into-the-future/

Public Health England

Health and Work
Spotlight on Mental Health

THE WORK FOUNDATION
PART OF LANCASTER UNIVERSITY

Almost **1 in 6** people of working age have a diagnosable **mental health condition**

In 2015, some **48%** of **Employment and Support Allowance recipients** had a **'Mental or Behavioural disorder'** as their primary condition

Each year mental ill-health costs the economy an estimated **£70bn** through lost productivity, social benefits and health care.

Mental health conditions are a leading cause of sickness absence in the UK

OVER 15m days were lost to **stress, depression and anxiety' in 2014 –** an increase of 24% since 2009

19% **long-term sickness absence** in England **attributed to mental ill health**

Of people with physical long term conditions, 1 in 3 also have **mental illness,** most often depression or anxiety

Work can be a cause of stress and common mental health problems: in 2014/15 **9.9m days** were lost to **work-related stress, depression or anxiety**

In 2016, **42.7% employment rate** for those who report mental illness as their main health problem (Mental illness, phobia, panics, nervous disorders (including depression, bad nerves or anxiety. **Compared to 74% of all population**

Sources: Adult Psychiatric Morbidity in England, 2007; Health and wellbeing at work: a survey of employees, 2014; Cimpean & Drake 2011; Naylor et al 2012; OECD, 2014; Labour Force Survey, various years

Few things matter for wellbeing more than work

unemployment damages wellbeing...

Unemployment is damaging to people's wellbeing regardless of their age, gender, level of education, ethnicity or part of the country in which they live. The longer the time unemployed, the worse the effect.

People do not adapt to unemployment (their wellbeing is permanently reduced)

...but it affects people differently

Sex matters. Men's wellbeing is more affected by the incidence and duration of unemployment.

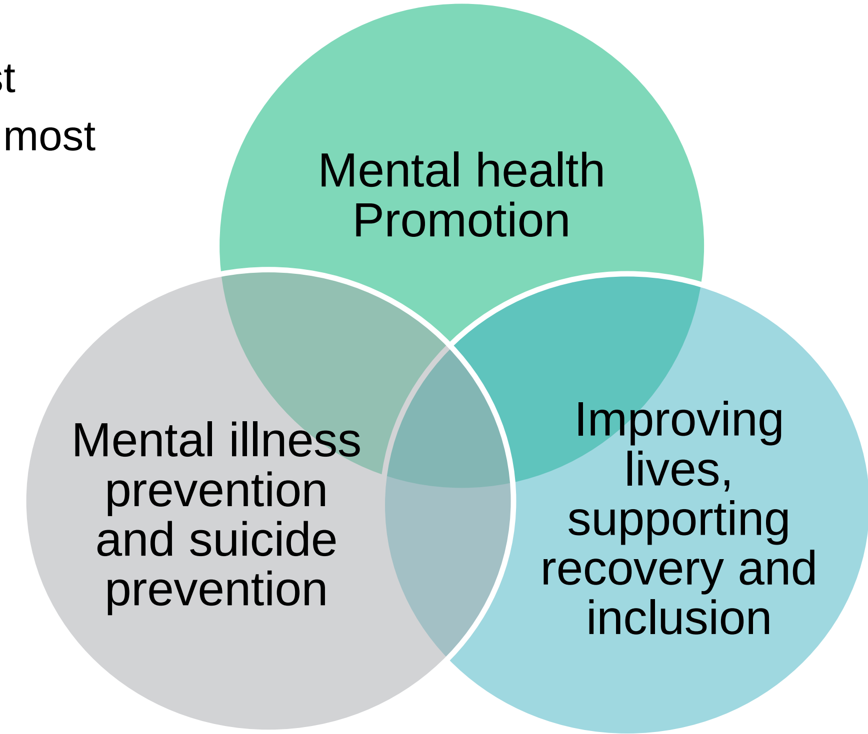
Age matters. Wellbeing may decline further for young people, particularly if the spell of unemployment is longer.'

Effects on others. Unemployment not only affects the person who lost their job, it also reduces the wellbeing of their spouse, especially female spouses.

PHE's approach to mental health

Informed by the WHO approach to public mental health

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.



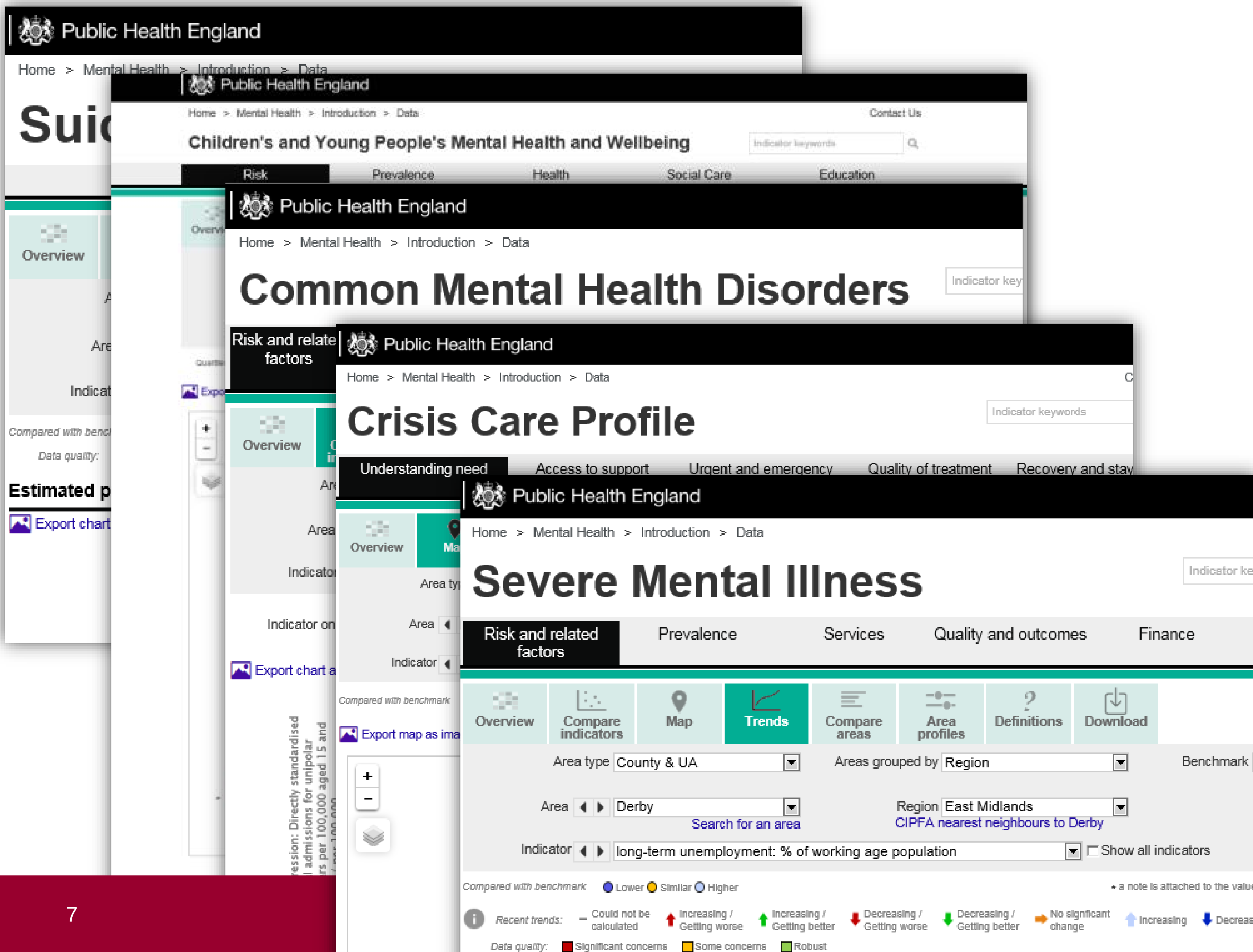
Key themes:

- Reducing health inequalities
- Community centred approaches
- Embedding and integrating mental health
- Improving workforce capacity and competency
- Life course approach

Public Mental Health: Snapshot of current action

As a sample picture, PHE's current public mental health leadership activity includes:

1. Supporting the creation of multi-agency **suicide prevention plans** in every area including action to support those who have been bereaved
2. Utilising the **Prevention Concordat** for Better Mental Health to galvanise action to promote good mental health and prevent mental health problems
3. Providing advice and guidance to secure delivery model changes that reduce inequalities in **premature mortality** for people struggling with mental health problems (e.g. CVD prevention, co-occurring alcohol problems, smoking)
4. Introducing a new 'Every Mind Matters' **campaign** to increase public understanding of mental health problems and skills in self care
5. Supporting **workforce development** to improve professional's competency to respond to prevention, support and advocacy needs
6. Facilitating **intelligence led decision making** by increasing access to the best information and data via the Mental Health Intelligence Network (MHIN)
7. Developing a Global Mental Health Offer as part of PHE's Global Health Remit



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Suic
Overview
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Contact Us
Children's and Young People's Mental Health and Wellbeing
Risk
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Common Mental Health Disorders
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Indicator keywords
Understanding need
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Recovery and stay
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Severe Mental Illness
Risk and related factors
Prevalence
Services
Quality and outcomes
Finance
Overview
Compare indicators
Map
Trends
Compare areas
Area profiles
Definitions
Download
Area type County & UA
Areas grouped by Region
Benchmark
Area Derby
Region East Midlands
Search for an area
CIPFA nearest neighbours to Derby
Indicator long-term unemployment: % of working age population
Show all indicators
Compared with benchmark Lower Similar Higher
Recent trends: Could not be calculated Increasing / Getting worse Increasing / Getting better Decreasing / Getting worse Decreasing / Getting better No significant change Increasing
Data quality: Significant concerns Some concerns Robust

PHE as an employer

Support to PHE Staff and Managers

Employment transition scheme – support to work

Positive Procurement Policy

Going Beyond the Individual……..

‘………levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to (poverty) relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological well-being’

Lynne Friedli, ‘Mental Health, Resilience and Inequalities.’ WHO 2009

International Study - Depression

Patel V, Burns JK, Dhingra M, Tarver L, Kohrt BA, Lund C. (2018) Income inequality and depression: a systematic review and meta-analysis of the association and a scoping review of mechanisms. World Psychiatry. 2018 Feb;17(1):76-89. doi: 10.1002/wps.20492.

The result…… *"a compelling quantitative association between income inequality and depression"*.
"the translation of this risk to population mental health is likely to be very large".

Or in other words, even a small extra risk of depression from living in an unequal society will affect a lot of people, and have a big effect in public health terms.

Effects of Inequality

‘social comparison’, by which people with fewer resources feel ‘social defeat or status anxiety’

‘social capital’: by reducing social interaction, trust and cooperation, *“promoting social isolation, alienation and loneliness”* and undermining ‘perceptions of fairness’.

‘psychological stress’ stemming from the above as an additional ‘mechanism’ by which inequality increases a person’s risk.

exacerbated by *“other group identities, for example ethnicity or gender”*.

Action…….. National

economic policies which promote the fair distribution of income…

social policies that reduce gender inequalities…

expanding opportunities for educational attainment…..

Interventions that *“mitigate the adverse personal consequences of living in unequal societies”*

Includes: parenting interventions, psychological therapies and social networks

Plus, modifying existing institutions, such as schools and health services, to be more ‘knowledgeable of context and resources’ to ‘mitigate social and structural determinants of mental illness’.

PHE recent commission

PHE has been commissioned by the Department of Work and Pensions and Department of Health and Social Care's Joint Health and Work Unit to undertake key projects to support the 'Improving Lives: The Future of Work, Health and Disability' and specifically the 'work as a health outcome' work stream.

Health professionals feeing more confident to discuss health and work with patients,

Equipping health professionals with the skills, knowledge, tools and techniques
Includes 'front line' health professionals, providers and commissioners and public health services,

Example of ‘modify’ existing institutions

Leading to work (as a meaningful activity) either through social prescribing, signposting through a community navigator or integrated employment services.

Patients feeling more supported to understanding the value of work to their health, are enabled to access good work and see the value of work in improving their health

Within the NHS, increased board and executive level recognition of the connection between work and health and optimising the NHS contribution to addressing health-related worklessness.

Increased incorporation of work and health issues into the commissioning and delivery of clinical pathways, guidance and business plans at a local and system level.

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Action…….. Local

Data, Local Needs, Knowledge

Health Equity Strategies approaches – Planning for Reducing Inequalities

Integrated approaches – including Local Enterprise Partnerships

Boost employment – schools, vocational training, apprenticeships, employment support and employers, integrated case management

Social Value Public Sector – Adopt Progressive Procurement

Living Wage

A public ‘Mental’ health approach

What is going on locally – looking back, looking forward.

Take a preventive approach – what is preventable, how,

Draw on a wide range of ‘evidence’

Multi- agency, multi disciplinary

Working with populations, with communities

Uses levers across agencies

Evaluate, and adjust

Promising ….. Individual placement and support for vocational recovery in first-episode psychosis: randomised controlled trial

High unemployment is a hallmark of psychotic illness. Individual placement and support (IPS) may be effective at assisting the vocational recoveries of young people with first-episode psychosis (FEP).

Young people with FEP (n = 146) who were interested in vocational recovery were randomised using computer-generated random permuted blocks on a 1:1 ratio to: (a) 6 months of IPS in addition to treatment as usual (TAU) or (b) TAU alone. Assessments were conducted at baseline, 6 months (end of intervention), 12 months and 18 months post-baseline by research assistants who were masked to the treatment allocations.

At the end of the intervention the IPS group had a significantly higher rate of having been employed (71.2%) than the TAU group (48.0%), odds ratio 3.40 (95% CI 1.17–9.91, z = 2.25, P = 0.025). However, this difference was not seen at 12- and 18-month follow-up points. There was no difference at any time point on educational outcomes.

This is the largest trial to our knowledge on the effectiveness of IPS in FEP. The IPS group achieved a very high employment rate during the 6 months of the intervention. However, the advantage of IPS was not maintained in the long term. This seems to be related more to an unusually high rate of employment being achieved in the control group rather than a gross reduction in employment among the IPS group.

https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/individual-placement-and-support-for-vocational-recovery-in-firstepisode-psychosis-randomised-controlled-trial/CB93C608C81C7A62642FBAAC20BB4D51#

AN INTEGRAL VISION

Some questions

What can PHE do nationally to support your agenda?

How can we learn from local systems?
Key principles
Key actions

Public Health England

Protecting and improving the nation's health

Thank you

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@Gregorwell

BUSINESS IN THE COMMUNITY

THE PRINCE'S RESPONSIBLE BUSINESS NETWORK

Mental health toolkit

for employers

In association with

Public Health England

Protecting and improving the nation's health

Your journey to a workplace that leads on good mental health starts here

Mental health toolkit

1)Make a commitment
2)Build your approach
3)Positive culture
4)Support and training
5)Managing mental health
6)Providing the right support
7)Helping people recover
8)Going further

Source: https://wellbeing.bitc.org.uk/sites/default/files/mental_health_toolkit_for_employers_-_small.pdf

Year on Year Spend Analysis

Comparison of year on year proportional spend - excluding Children's 0-5

Centre	(All)
LA	(All)

Category of Spend	2017-18 Budget	2016-17 Actual	2015-16 Actual	2014-15 Actual	2013-14 Actual
Children 5–19 public health programmes	259,981.22	267,121.04	257,300.51	268,284.00	239,742.00
Health protection - Local authority role in health protection (prescribed functions)	35,206.98	33,769.35	33,665.37	38,791.00	34,001.00
Miscellaneous	419,293.09	431,469.77	470,640.35	484,898.00	345,580.00
National child measurement programme (prescribed functions)	26,204.99	20,197.25	21,494.19	19,398.00	19,385.00
NHS health check programme (prescribed functions)	66,355.23	51,215.29	60,121.15	63,010.00	56,108.00
Obesity	96,430.90	103,073.78	102,160.94	100,802.00	89,480.00
Physical Activity	94,649.38	98,957.26	96,556.85	95,052.00	68,747.00
Public health advice to NHS commissioners (prescribed functions)	51,425.67	50,645.62	56,466.57	62,074.00	64,223.00
Sexual Health Services	581,108.16	597,727.60	634,403.16	656,116.00	644,925.00
Smoking and tobacco	99,769.34	99,114.43	124,879.38	135,881.00	148,509.00
Substance misuse	715,994.01	738,148.36	766,660.12	812,524.00	796,999.00
Health at work	31,958.89	14,396.11	-	-	-
Public Mental Health	42,141.04	42,690.27	-	-	-
Grand Total	**2,520,518.91**	**2,548,526.13**	**2,624,348.60**	**2,736,830.00**	**2,507,699.00**

Public Mental Health: Collaboration and bi-directional engagement with national stakeholders

Successes and Opportunities:

- Increasing attention to mental health and to prevention
- Diversity of national stakeholders declaring and sustaining their interest and their level of influence is high and have mostly positioned themselves as critical friends (e.g. ADPH, VCSE including non-mental health orgs)
- A work in progress but growing consensus with VCSE on public mental health ambitions
- Research agenda and funding

Challenges:

- Context of diminishing and uncertain local budgets.
- Turning activity toward prevention so that this becomes default position
- Change is evident but default thinking about mental health still starts with services and is dominated by a focus on mental illness - before moving on to wider approaches, addressing social determinants and population interventions

Goal

Better Mental Health for All

- Promote population mental health and wellbeing
- Preventing mental health problems and suicide
- Improve the lives of people living with and/or recovering from mental health problems

Long-term outcomes

- Increased population mental health & wellbeing
- Reduced inequalities in wellbeing
- Increased healthy life expectancy
- Reduced prevalence of mental illness
- Reduced inequalities in mental illness
- Reduced suicide
- Reduced suicide inequalities
- Increased employment and housing
- Reduced gap in premature mortality
- Reduced stigma

Intermediate outcomes

Mentally healthy people
- Mental health literacy & skills
- Physically active and healthy
- Resilient & sense of control

Mentally healthy policy
- Poverty reduction
- Inequalities & human rights
- Stigma & discrimination

Mentally healthy families
- Safe & nurturing
- Connected

Mentally healthy schools
- Participative
- Nurturing

Healthy work(places)
- Job security
- Job control

Mentally healthy places
- Warm & affordable homes
- Green and public space
- Safe & non-violent

Healthy communities
- Socially connected
- Empowered & inclusive
- Social capital

Mentally healthy services
- Parity of esteem
- Accessible & equitable
- Non-stigmatising/ non-discriminatory
- Prevention-oriented
- Safety & dignity
- Person-centred & co-produced

Short-term outcomes within programme activity

Public Mental Health & Mental Health Strategy

- **Children, young people & families**
- **Physical activity**
- **Health & work**
- **Productive healthy ageing**
- **Health Equity**
- **Healthy Communities**
- **Healthy Place**
- **CVD & diabetes prevention**
- **Diet & Obesity**
- **Drugs, alcohol, tobacco, health & justice**
- **Healthcare public health**
- **screening**
- **Emergency response & preparedness**

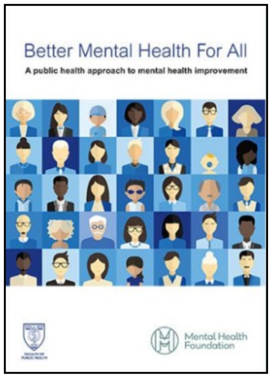
Activity (functions)

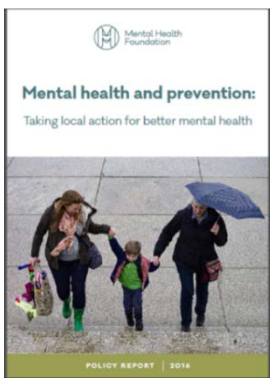
- Leadership & Advocacy
- Partnership & Alignment
- Strategy & Policy
- Governance
- Knowledge & Intelligence
- Research
- Delivery support
- Workforce Development
- Marketing & Communications
- Social mobilisation

A Suite of Prevention Concordat Resources

2016

Summer





Two rapid evidence reviews of **what works**

December

What does a good mental health JSNA look like?

2017

February

Mental Health Joint Strategic Needs Assessment **(JSNA) Online Tool**

March

Pilot training for Elected Member **Mental Health Champions** to support prevention focused leadership

August Launch

Prevention Concordat for Better Mental Health **Consensus Statement**

Prevention planning resources: guide for local areas; summary; infographic and stocktake findings

Mental health return on investment **ROI tool** and commissioning guides

Mental health **JSNA** knowledge guide

Psychosocial pathways report

2018

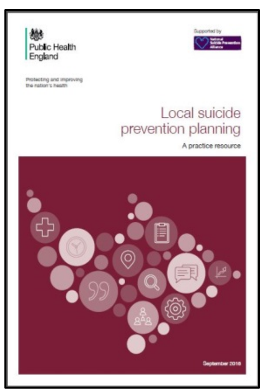
Autumn/Winter

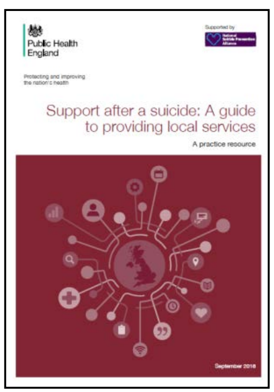
Multi-part programme to support adoption:

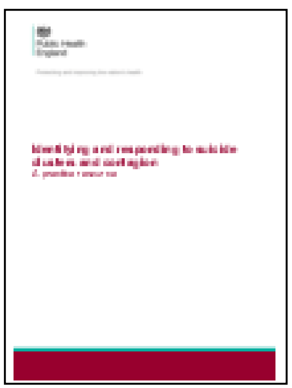
- Enhanced Mental Health Champions leadership initiative
- Masterclasses covering every PHE Centre geography (11 events)
- Engagement and activation of signatories

Suicide Prevention Programme

- PHE have released a suite of guidance, data, and research to support delivery. This was supported by 9 masterclasses across England and a webinar. https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance.
- In January 2017 we published our survey of local authority multi agency suicide prevention plans, which showed that 95% have plans or intend to develop one. This information is available in an atlas of variation. http://healthierlives.phe.org.uk/topic/suicide-prevention
- We are supporting DH to undertake sector led improvement, planned for later this year. We are also proactively working with the six local authorities who stated that they had no plans to develop a plan and are making good progress.
- We are working with NHS England and Department of Health to ensure the £25 million allocated to suicide prevention is targeted effectively to reduce suicide by at least 10%







Improving Lives (SMI) Context

Physical

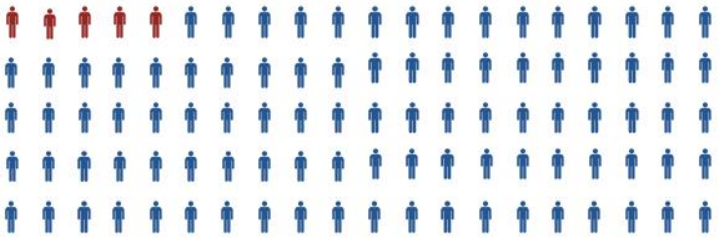
- people with severe mental illness die **15 - 20** yrs earlier
- same health and life expectancy as the general population in the **1950s**
- die from the **5 big killers**
- have up to **3 times** more modifiable risks
- have **less** access to population healthcare

Social

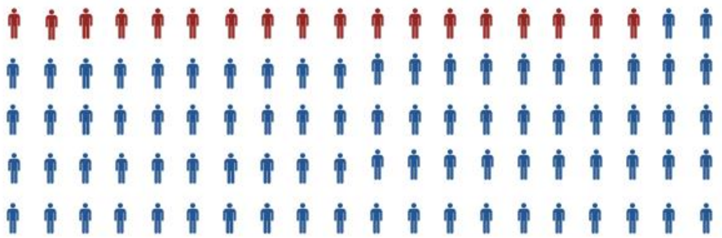
- higher levels of **unemployment**
- higher levels of **poor housing** and **homelessness**
- experience **stigma** and **discrimination**

Premature Mortality and Serious Mental Illness[1]

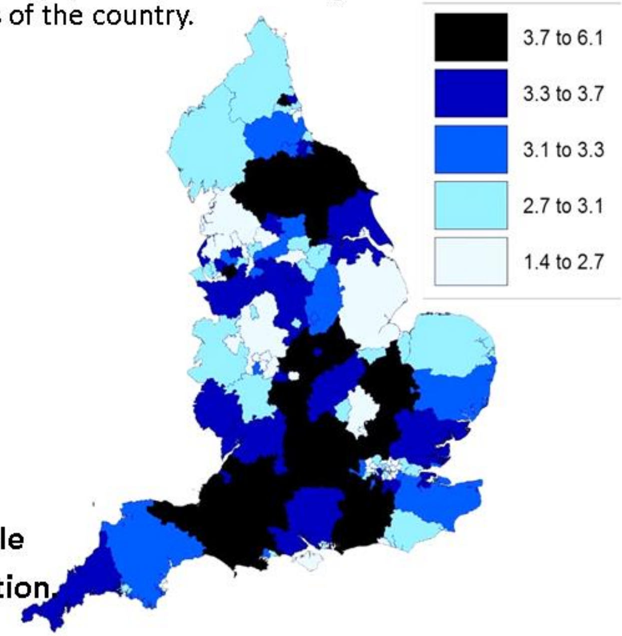
People with SMIs represent 5% of total population[2]…



But 18% of total deaths



People with SMIs face a **3.6 times higher mortality rate**[2] than the general population and even higher in some parts of the country.



44,000 fewer deaths would occur if people with SMIs had the same mortality rates as the general population.

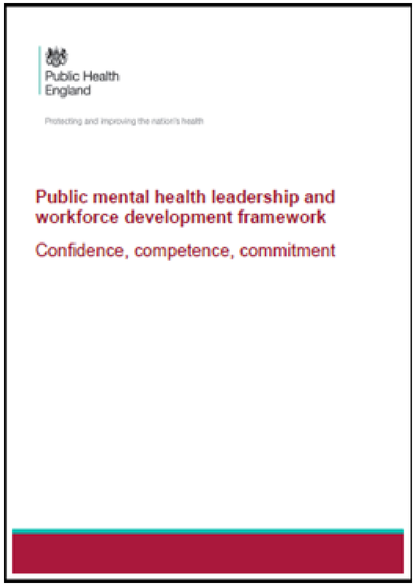
Almost **half** of the excess mortality is due to the **'Big Killer Diseases'**

- 12,000 from Cardiovascular Diseases
- 1,000 from Cancer
- 6,000 from Respiratory Diseases
- 1,000 from Liver Diseases

1. People with SMIs are defined in this slide as people in touch with secondary mental health services (for example with a psychiatrist). 2. Source: Mental Health Bulletin (Health and Social Care Information Centre, 2013) publication based on the Mental Health Minimum Dataset (2011/2012)

PMH Leadership & Workforce Development

Framework published 2015



building the mental health competence of the public health workforce and the public health competence of the mental health workforce

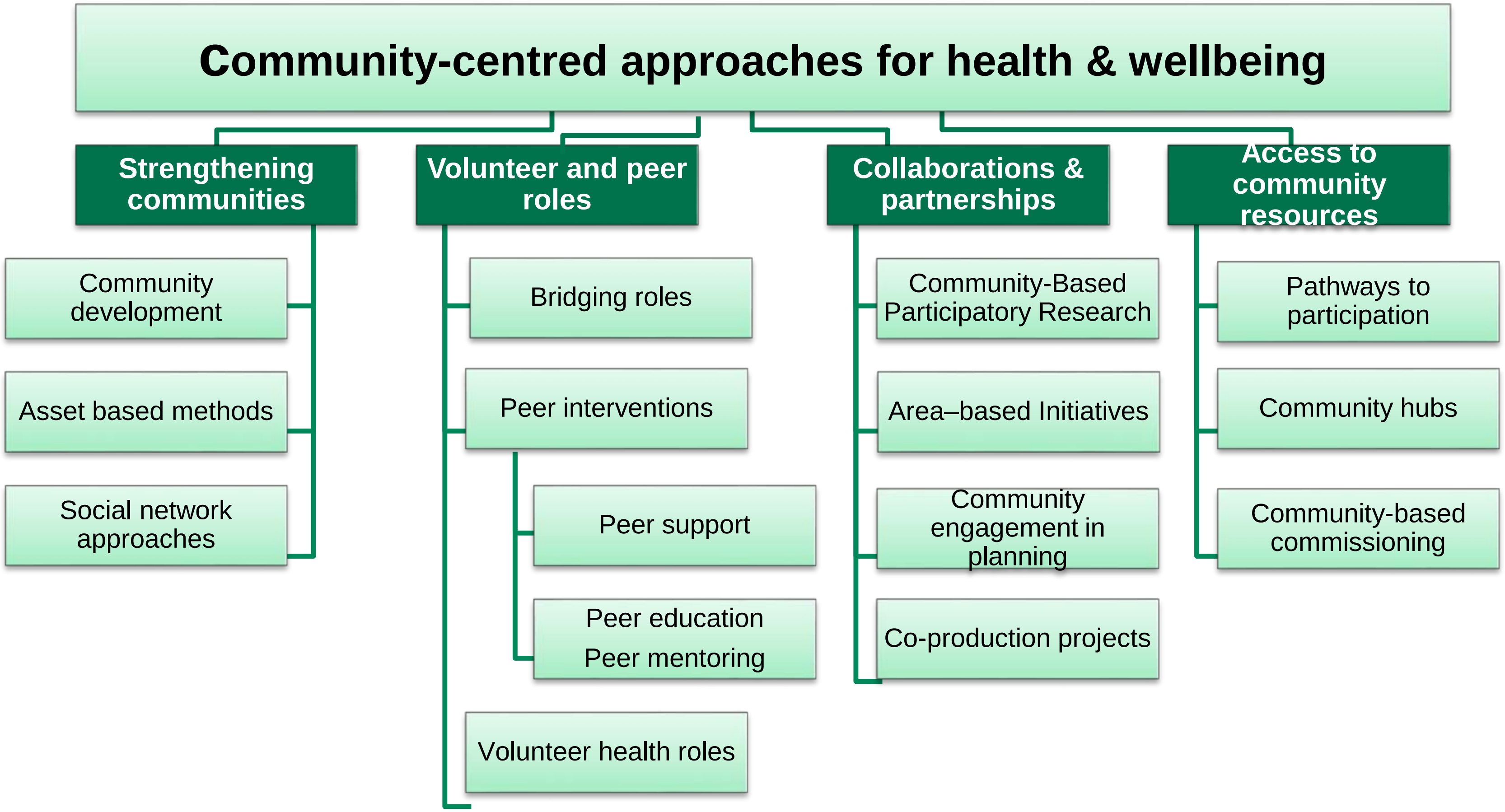
6 Ambitions → 12 Core Principles for Public Mental Health practice → 24 Key Competencies

1. Advocacy
2. Expertise
3. Community Empowerment
4. Promotion
5. Prevention
6. Parity

- Call to Action and endorsement by 20 national bodies
- High impact changes
- Publication of training programmes
- Regional implementation plans
- National core skills and knowledge framework
- Professional curricula
- National train the trainers programme
- ELearning

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

Building connected and empowered communities



PHE & NHS England (2015) 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

PHE's Global Mental Health Work

Following a detailed scoping exercise approved by PHE's Global Health Ctte:

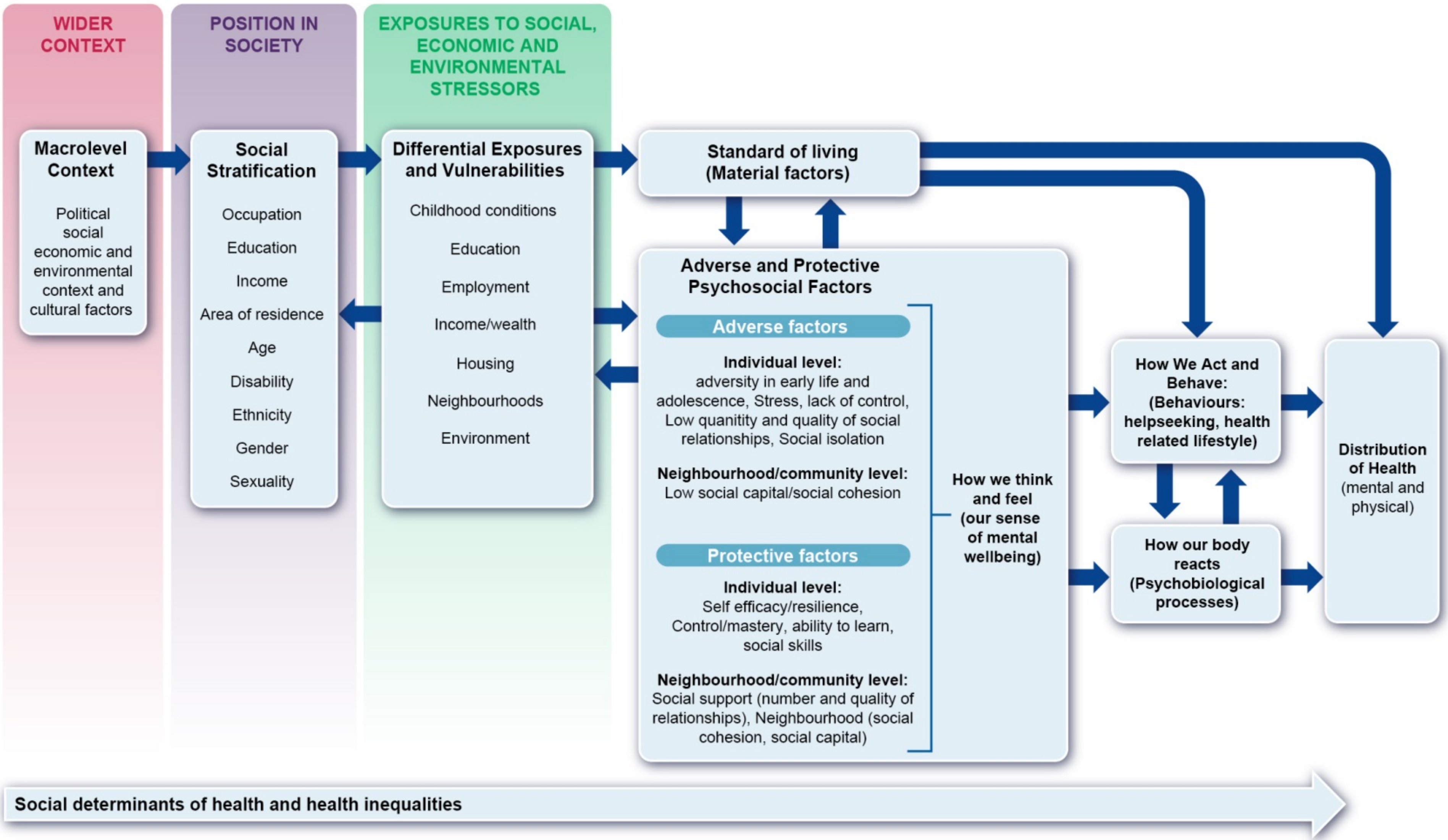
Since Sep 2017 PHE has been developing its global mental health 'offer'

- Collaboration across global public health and health improvement
- Identified key products and services
- Undertaken initial marketing activities
- Developing key alliances and networks

Current GMH work and future opportunities

- Current UKOTs mental health work – policy, data and situational analysis (possible further funding)
- Emerging PHE Global NCDs strategic work (MH fits within HMG definition of NCDs)
- Engaging across HMG for opportunities e.g. DFID Ghana
- Developing current PHE global programmes e.g. Ethiopia IHR project

Psycho-social determinants



Source(11): https://www.gov.uk/government/publications/psychosocial-pathways-and-health-outcomes