Public mental health: Evidence to action

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Overview

• What is public mental health?
• Mental health policy development in the UK
• Local public mental health tangibles
• New commissioning landscape
• Summary
What is public mental health?
Public mental health

- Intelligence on levels of mental disorder and well-being across populations

- Intelligence on risk factors for mental disorder and protective factors for mental wellbeing

- Interventions to promote well-being, prevent mental disorder and intervene as soon as it arises
Public health

• Addresses underlying socio-economic and wider determinants of health and disease

• Partnerships with broad range of organisations and agencies which contribute to and have an influence on health of the population
Mental health policy development and public mental health
New Horizons (previous Government Mental Health Strategy)

Mental health NSF which helped transform services over past 10 years ended in 2009

In 2009, Labour cross Government mental health strategy entitled ‘New Horizons’ with twin aims:
1) Improve quality and accessibility of services for people with poor mental health
2) Improve mental health and well-being of the population
Twin track approach of treatment and prevention/promotion

- Prompt intervention for mental disorder is vital

- 28% reduction in burden even if all those with mental disorder received best available treatment (Andrews et al, 2004)

- Need for prevention/promotion to complement early treatment
New Horizons and public mental health

• Cross government public mental health strategy document ‘Confident communities, brighter futures’ (HM Government, 2010) produced under Labour

• Life course approach

• Outlines case for public mental health including the level of evidence for a range of effective interventions
Public mental health under the Coalition Government

- Coalition maintained twin track approach in new Cross Government mental health strategy ‘No health without mental health’ (HMG, 2011)

- Public health white paper (DH, 2010) (next slide)

- NHS and Social Care Act parity of esteem
Public Health White Paper (DH, 2010)

• Impact of mental illness and wellbeing
• ‘Foundations for lifelong wellbeing are already being laid down before birth and much can be done to protect and promote wellbeing and resilience through the early years, into adulthood and old age’
• Mental health integral and complementary part of proposed new direction for public health in England
• Public mental health included as part of DPH role
• “Better diagnosis and treatment, together with interventions across healthcare services and local government to improve population mental well-being, will help to
  
  ➢ improve the mental well-being of the local population
  ➢ prevent mental ill-health
  ➢ particularly for higher risk groups such as families in lower socioeconomic groups, and families where there are dependent children”
Health & Wellbeing Board and Clinical Commissioning Groups

H&WBs and CCGs require certain information for effective commissioning:

• Mental disorder and well-being needs and assets
• What are required levels of appropriate intervention to promote well-being, prevent mental disorder and intervene as soon as it arises
• Implementation and coverage of such interventions
• Monitoring of outcomes
Mental health policy and economics
Mental health policy and economics

• Economics important in current financial climate and can highlight importance to wider audience

• Several sections of mental health strategy highlight savings through promotion of mental health, prevention of mental disorder and early intervention
What are local public mental health tangibles?
Local public mental health tangibles

1) Local levels of mental disorder and well-being including in high risk groups
2) Local levels of risk and protective factors
3) Information about impact of mental disorder and low wellbeing
4) Information about local proportions receiving
   - Early treatment of mental disorder
   - Prevention of mental disorder
   - Promotion of mental wellbeing
5) Resources
To enable:
Local public mental health tangibles

6) Delivery of appropriate level of interventions to
   - Treat mental disorder early
   - Prevent mental disorder
   - Promote wellbeing

7) Improve a range of key outcomes (NHS, public health, and social care)

8) Reduce inequalities

9) Facilitate parity between mental and physical health

10) Economic savings
1) Local levels of mental disorder and well-being including in high risk groups
One in two people experience mental illness during their lifetime
- 46.4% (Kessler et al, 2005)
- 45% (ABS, 2008; AIHW, 2010)

20% of Australians between the ages of 16-85 (3.2m people) had experienced a mental disorder in the last 12 months (ABS, 2008)

38% of the population experiences at least one mental disorder each year (Wittchen et al, 2011)
Level of mental disorder in England

- 10% of children and young people (Green et al, 2005)
- 17.6% adults at least one CMD (McManus et al, 2009)
- 0.4% adults have psychosis
- 6% alcohol dependent, 3% dependent on illegal drugs, 21% dependent on tobacco
- 5.4% of men and 3.4% of women have diagnosable personality disorder (Singleton et al, 2001)
- Dementia: 5% of people aged over 65
  20% of those aged over 80
Level of sub-threshold mental disorder

- 18% of 5-16 year olds have sub-threshold conduct disorder (Colman et al, 2009)
- 17% of adults experience sub-threshold common mental disorder (McManus et al, 2009)
- 5% of adults have sub-threshold psychosis (van Os et al, 2009)
- 24% hazardous drinkers (McManus et al, 2009)

- Results in significant burden and also increases the risk of threshold disorder
Population levels of mental wellbeing

- UK ranked 13th out of 22 European countries in a survey of wellbeing (NEF, 2009)

- UK came 24th of 29 European countries on children’s well-being (Bradshaw & Richardson, 2009)
Regional variation of levels of mental disorder and well-being

- Rates of mental disorder vary by region (McManus et al, 2009)
- Rates of mental well-being:
  - Similar between regions (NHS Information Centre, 2011; ONS, 2012)
  - Vary significantly between localities (Deacon et al, 2009)
- Importance of local measures of mental disorder and wellbeing to inform commissioners of numbers requiring intervention
2. Levels of risk and protective factors

• Public health approach recognises wider determinants and lifelong impact of mental health.

• Addressing determinants important to prevent mental illness and promote wellbeing

• Need for local measurement
Risk factors

- Household factors: Children from lowest quintile of household income - 3 fold increased risk of mental health problems (Green et al, 2005)

- Parental factors: Poor parental mental health - 4–5 fold increased rate in onset of mental disorder

- Child factors: Sex: boys > girls
Childhood adversity

- Childhood adversities associated with mal-adaptive family functioning (parental mental illness, child abuse, neglect) strongest predictors of disorders (Kessler et al, 2010)
  - Child abuse: increased risk of depression (OR 2.9), PTSD (OR 4.0), psychosis (OR 2.7), alcohol dependence (OR 1.8) and drug problems (OR 2.1) (Jonas et al, 2011)
  - Sexual abuse: increased rates of adult depressive disorder (OR 6.2), PTSD (OR 6.8), probable psychosis (OR 15.3), alcohol dependence (OR 5.2), eating disorder (OR 11.7) (Jonas et al, 2011) and attempted suicide (OR 9.4) (Bebbington et al. 2009)
Risk factors in adulthood

Include

- Socioeconomic inequality
- Unemployment (2.7 fold increase in CMD)
- Debt (3 fold increase in CMD)
- Violence
- Stressful life events
- Inadequate housing
- Fuel poverty (1.7 fold increased risk of CMD)
Inequality a key underlying factor

- Range of risk factors for mental disorder and protective factors for mental health
- Inequality a key factor which underlies may others
- Mental disorder then further increases inequality
- Higher risk groups benefit more from intervention to both prevent and treat mental disorder
Certain groups at much higher risk of mental disorder and low wellbeing
• Higher risk groups benefit more from intervention

• However, larger groups at less elevated risk also benefit

• ‘Proportionate universalism’

• Need for information about numbers from higher risk groups
Children and adolescents

• **children with learning disability** - 6.5 fold increased risk of mental illness

• **looked after children** - 5 fold increased risk of mental disorder

• **Aboriginal and Torres Strait Islanders** - 2-3 fold higher prevalence of anxiety and depression symptoms (Jorm et al, 2012)
Adult high risk groups

• **BME groups** (7.9% of UK population)
  3 fold increased risk of psychosis (Kirkbride et al, 2008); 2-3 fold increased suicide risk (Bhui and McKenzie, 2008)

• **Prisoners** - higher risk of all mental disorder - psychosis (20 fold) (Stewart, 2008) and ASPD (130 fold) (NICE, 2009)

• **Aboriginal and TSI Prisoners** - 12 month mental disorder prevalence 73% men, 86% women (Hefferman et al, 2012)
• **Lesbian, gay and bisexual people** - increased risk of CMD (OR 4.2), suicide attempt (OR 2.2), probable psychosis (OR 3.7) (Chakraborty et al, 2011)

• **Homeless people** (Bebbington et al, 2004)
  - 11.3 fold increased risk of probable psychosis
  - 5.5 fold increased alcohol dependence
Local level of risk factors as well as impact of such factors to inform commissioning decisions
Population level of risk factors and numbers in high risk groups

- **Child abuse:** 25.3% of 18-24 year olds and 18.6% of 11-17 year olds experienced severe maltreatment during childhood (NSPCC, 2011)

- **Sexual abuse:**
  - 2.9% of women and 0.8% of men experienced sexual abuse in childhood (sexual intercourse)
  - 11.1% of women and 5.3% of men experienced sexual touching in childhood (Bebbington et al, 2011)

- **Unemployment:** 2.26 million working age adults receive disability benefits (DWP, 2010)
3. Highlighting impact of mental disorder and poor wellbeing
Impact of mental disorder

WHO (2008) figures for UK (total DALYs)

- Mental disorder 22.8%
- Cardiovascular disease 16.2%
- Cancer 15.9%

No other health condition matches mental ill-health in the combined extent of prevalence, persistence and breadth of impact
Mental disorder starts early

- Key reason for size of burden
- 50% of lifetime mental illness (excluding dementia) starts by age 14 (Kim-Cohen et al. 2003; Kessler et al, 2005)
- 75% by mid twenties (Kessler et al, 2007)
Impact of mental disorder in childhood and adolescence (Campion et al, 2012)
During childhood and adolescence

- health and social skills outcomes
- self-harm and suicide
- educational outcomes
- antisocial behaviour and offending
- teenage parenthood
- health risk behaviour - smoking, alcohol and drug misuse
## Impacts of emotional and conduct disorder in children and young people (Green 2005)

<table>
<thead>
<tr>
<th>Risk Behaviour</th>
<th>Emotional Disorder</th>
<th>Conduct Disorder</th>
<th>No Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke Regularly (age 11-16)</td>
<td>19%</td>
<td>30%</td>
<td>5%</td>
</tr>
<tr>
<td>Drink at least twice a week (age 11-16)</td>
<td>5%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Ever Used Hard Drugs (age 11-16)</td>
<td>6%</td>
<td>12%</td>
<td>1%</td>
</tr>
<tr>
<td>Have ever self harmed (self report)</td>
<td>21%</td>
<td>19%</td>
<td>4%</td>
</tr>
<tr>
<td>Have no friends</td>
<td>6%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Have ever been excluded from school</td>
<td>12%</td>
<td>34%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Impacts of poor mental health in adulthood

• Poor physical health
• Reduced life expectancy
• Suicide and self harm
• Health risk behaviour including poor diet, less exercise, more smoking, drug and alcohol misuse
• Unemployment
• Poor housing
• Stigma and discrimination
Impact of mental disorder on physical illness
Mental disorder increases risk of physical illness

Depression associated with
• 50% increased mortality from all disease (Mykletun et al, 2009)

Schizophrenia associated with:
• 20.5 year reduced life expectancy for men and 16.4 year reduced life expectancy for women (Brown et al, 2010)
• Increased mortality from all disease (Saha et al, 2007)
Mental disorder increases health risk behaviour

• Smoking as an example
• Largest single preventable cause of death
• 42% of adult tobacco consumption in England is by those with mental disorder (McManus et al, 2010)
• 32% of current smokers had a 12 month mental disorder (ABS, 2008)
• 43% of under 17 year old smokers have either emotional or conduct disorder (Green et al, 2005)
Economic impact of mental disorder
Economic impact of mental disorder

• In Australia, cost to economy $25 billion (Boston Consulting report, 2006). $15.6 billion for lost productivity due to mental illness (NMHR, 2010)
• To UK economy: $170 billion annual cost of mental illness in England (CMH, 2010)
• To UK employers: $45 billion annually (NICE, 2009)
• Crime: $96 billion annual cost of crime in England and Wales by adults who had conduct problems during childhood and adolescence (SCMH, 2009)

• Significant local health and non-health impacts have significant local costs
Cost of treating mental disorder

- In 2007/8, total spend of Australian Government/Territory Governments/Private Health Funds $5.3 billion (NMHR, 2010). Further $4.4 billion for support.
- To UK’s NHS: $19.2 billion or 11.1% of annual budget spent on mental health services in 2009/10 (DH, 2012) (note disparity to 22.6% burden figure).
Impact of wellbeing (RCPsych, 2010)

- More than just absence of mental illness
- Improved resilience to broad range of adversity
Health benefits of mental wellbeing

Associated with reductions in

- Mental disorder in children and adolescents including persistence
- Mental disorder and suicide in adults
- Physical illness
- Associated health care utilisation
- Mortality
Benefits outside health

- Improved educational outcomes
- Healthier lifestyle/ reduced risk taking
- Increased productivity at work, fewer missed days off work
- Higher income
- Social relationships
- Reduced anti-social behaviour, crime and violence
- Reduced substance misuse
4. Proportion of population receiving any intervention
Proportion in UK with mental disorder receiving any intervention (Green et al, 2005; McManus et al, 2009)

- 28% of parents of children with conduct disorder
- 24% of adults with common mental disorder
- 28% of adults screening positive for PTSD
- 81% of adults with probable psychosis received some form of treatment compared to 85% in 2000.
- 65% of adults with ‘psychotic disorder’ in past year
- 14% of adults dependent on alcohol
- 14% of adults dependent on cannabis only
- 36% of adults dependent on other drugs
- Less than 10% of older people with depression receive adequate treatment
Proportion in Australia with mental disorder receiving any intervention (ABS, 2008)

Proportion receiving treatment in previous year

• Anxiety disorder 21.2%
• Affective disorder 44.8%
• Substance Use disorder 11.1%
5. Resources
Resources allocation for mental health/disorder

- In 2009/10, NHS spent 11.1% of annual budget on mental health services = $19.2 billion (DH, 2012)
- Note mental disorder 23% of total burden of disease
- 6.8% of mental health budget spent on child and adolescent services despite half of lifetime mental disorder arising by age 14
- In 2009/10, estimated national spend on public mental health = $14.4 million (DH, 2011)

Context
- gap in current service provision likely to widen
- planned 20% cuts over next 4 years despite QIPP directive for reinvestment of efficiency savings
6. Enable delivery of effective public mental health interventions to
   - Treat mental disorder early
   - Prevent mental disorder
   - Promote wellbeing
Effective interventions

A range of effective interventions exist outlined in:
1) Cross Government public mental health strategy ‘Confident Communities, Brighter Futures’ (HMG, 2010)
2) Royal College of Psychiatrists position statement on public mental health (RCPsych, 2010)
3) Cross Government mental health strategy ‘No health without mental health’ (HMG, 2011)
4) European Psychiatric Association guidance (Campion et al, 2012)
5) Public mental health Joint Commissioning Panel guidance (in press)
Public Mental Health and Well-Being

Better mental health care

Primary Prevention
- Well-Being in whole Population

Secondary Prevention
- Early detection and intervention

Tertiary Prevention
- Treatment, recovery and reduce relapse

Housing policy and planning that improves Urban environment

Intervening early with high-risk groups to prevent homelessness

Quality Treatment & Supported housing

An example of the Spectrum of Prevention – Housing

Younger Years

Mid Adult Years

Older Years

LIFE COURSE
Interventions from a range of service providers

Include:

- Primary and secondary care
- Social care service providers
- Public Health service providers
- Local authorities
- Third sector social inclusion providers
- Education providers
- Employers
- Criminal justice services
Early intervention

• Early treatment improves outcomes
• Early effective treatment of mental disorder can prevent a significant proportion of adult mental disorder (Kim-Cohen et al, 2003)
• Intervention during psychosis pro-drome can also prevent development of psychosis
• Early promotion of physical health and prevention of health risk behaviour and associated physical illness in those developing a mental disorder
• Promotion of recovery through early provision of activities such as supported employment, housing support, and debt advice

• Early recognition of mental disorder through:
  ➢ improved detection and treatment by health professionals
  ➢ improved mental health literacy among the population to facilitate prompt help seeking
Prevention interventions

Prevention of

• mental illness and dementia
• health risk behaviours including smoking, alcohol and drug misuse
• inequality
• discrimination and stigma
• suicide
• violence and abuse
Mental health promotion interventions

- Starting well
- Developing well
- Living well
- Working well
- Ageing well
- Caring well
- Engaging well
Starting well

Promotion of parental mental and physical health
• Reduced maternal smoking associated with reduced infant behavioural problems and ADHD, improved birth weight and physical health (A)
• Home visiting programmes (A)
• Parenting programmes (A)

Supporting good parenting skills (A)

Preschool and early education interventions
• Improved cognitive skills, school readiness, academic achievement and positive effect on family outcomes (A)
• Prevention of emotional and conduct disorder (A) including through more targeted approaches such as home visiting (A)
Developing well

School based mental health promotion

• Improves wellbeing which impacts on academic performance, social and emotional skills, and classroom misbehaviour (A)
• Reduced anxiety and depression (A)
• Secondary school curriculum approaches to promote pro-social behaviours and skills can also prevent development of anxiety and depression (NICE, 2009)
Living well

• Debt (B) and financial capability (C) interventions
• Good housing and supported housing (C)
• Interventions to ensure adequate heating (B)
• Physical activity (C)
• Active travel (C)
• Neighbourhood interventions (C)
• Safe green community space (C)
• Activities including learning, (C), active leisure (C), volunteering (C), arts (C),
• Positive psychology interventions (A)
• Mindfulness interventions (A)
Social capital promotion

As well as volunteering (C), leisure (C), arts and Creativity (C) and parental support (A), these include:

• Work (C)
• Community based adult learning (C)
• Timebanks (C)
• Green space (C)
• Neighbourhood interaction (D)
• Individual and community empowerment (C)
• Opportunities for local community engagement in planning, design, delivery and governance of promotion activities
Working well

- Work-based mental health promotion (A)
- Work based stress reduction (A)
- Early intervention for mental illness at work (A)
- Supported employment for those recovering from mental illness (A)
- Support for unemployed (A)
Ageing well

- Psychosocial interventions (A)
- Reducing isolation (A)
- Befriending (A)
- Promotion of physical activity (A)
- Continued learning (C)
- Volunteering (A)
- Prevention of violence (B)
- Addressing hearing loss (A)
PMH intelligence to identify levels of local need

- Significant variation in levels of mental disorder and wellbeing between different areas
- Significant variation in levels of intervention
- PMH intelligence informs re:
  - level of mental disorder and wellbeing
  - risk and protective factors, high risk groups
  - levels of intervention
- Enables transparency about proportion commissioners decide is acceptable to treat
Effective public mental health commissioning

H&WBs and CCGs require information for effective commissioning:

• Mental disorder and well-being needs and assets
• Levels of appropriate intervention to promote well-being, prevent mental disorder and intervene as soon as it arises
• Implementation and coverage of such interventions
• Monitoring of outcomes
7. Improve range of key health and other outcomes

• Early intervention, prevention and promotion impacts on health and non-health outcomes
• Improve mental health, physical health, resilience, life expectancy, healthy lifestyles, economic productivity, social functioning and quality of life
• Reduce burden of mental ill-health
• Reduce economic costs of mental ill-health
• Reduce inequalities
• Reduce health risk behaviour, crime, violence
8. Economic savings (for each $ spent)
Early intervention for mental disorder (Knapp et al, 2011)

- Parenting interventions for families with conduct disorder ($8)
- Early diagnosis and treatment of depression at work results in $5 for every spent (savings year 1)
- Early detection in psychosis results in $10 for every $ spent with savings by year 2
- Early intervention of psychosis results in $18 for every $ spent with savings in year 1
- Screening and brief interventions in primary care for alcohol misuse results in savings of $12 for each $ spent with savings in year 1
Mental health promotion (Knapp et al, 2011)

- **Social and emotional learning programmes** result in returns of $84 for each $ invested.
- **School-based interventions to reduce bullying** result in returns of $14 for each $ invested.
- **Work based mental health promotion** results in total returns of $10 for each $ invested by year 1.
- **Debt advice** services result in total returns of $4 for each $ invested with savings by year 2.
Targeted promotion interventions for those recovering from mental illness

• **Employment support** for those recovering from mental illness: Individual Placement Support for people with severe mental illness results in annual savings of **£6,000 per client** (Burns et al, 2009)

• **Housing support** services for men with enduring mental illness: annual savings can be **£11,000–£20,000 per client** (CSED, 2010).
Local economic savings can be calculated

- Significant proportion accrue in areas outside health
- Effective evidence based interventions exist with both short term as well as life course impacts
- Economic cost of not providing interventions
Mental health promotion (Knapp et al, 2011)

- Social and emotional learning programmes result in returns of $84 for each $ invested
- School-based interventions to reduce bullying result in returns of $14 for each $ invested
- Work based mental health promotion results in total returns of $10 for each $ invested by year 1
- Debt advice services result in total returns of $4 for each $ invested with savings by year 2
9. Reduced inequalities

• Interventions to address and prevent inequality can also prevent mental disorder

• Mental disorder results in a further range of inequalities which can also be prevented by:
  ➢ Early treatment of mental disorder
  ➢ Early interventions for health risk behaviours
  ➢ Early treatment of physical illness
  ➢ Targeted wellbeing promotion to facilitate recovery of those with mental disorder
10. Facilitate parity with physical health

- Only a minority with mental disorder receive any intervention.
- 11% of NHS budget spent on treatment vs 23% burden of disease
- Lack of access to physical health care
- Lack of access to interventions for health risk behaviour
- Lack of access to interventions to prevent mental disorder and promote mental health - virtual no spend
- Lack of parity particularly for higher risk groups
- Lack of investment in prevention and promotion
New commissioning landscape in UK

• Localism represents an opportunity to influence

• Commissioning Groups and Local Authorities will jointly lead local healthcare system through H&WBs in collaboration with their communities (DH, 2011)

• Integration of public health into Local Authorities

• Information for Joint H&WB strategies informs commissioners about local intelligence and required interventions
Joint Strategic Needs Assessment key vehicle for provision of local public mental health information

- Level of risk and protective factors across population
- Numbers from groups at higher risk of mental disorder and low wellbeing
- Local levels of well-being and mental disorder
- Proportion receiving intervention including from high-risk groups
- Current levels of provision of cost-effective public mental health interventions
Summary

Public mental health has a range of important tangibles important to psychiatrists

• Intelligence enables local assessment of
• Levels of mental disorder and wellbeing including in higher risk groups
• Local risk and protective factors
• Impact of mental disorder and low wellbeing
• Proportion receiving intervention for early treatment of mental disorder, prevention and promotion
Public mental health can:

• Facilitate early intervention for mental disorder and reduced treatment gap
• Prevent large proportion of mental disorder and promotes population wellbeing
• Result in significant personal, social and economic savings
• Results in significant improvements in NHS, public health and social care outcomes
• Facilitate joined up and collaborative working between different service providers
• Enhance investment
Public mental health documents

- RCPsych (2010) position statement on public mental health
- Mental health strategy
  - Number of associated documents detailing public mental health evidence
  - Economics document highlights economic returns of early intervention, prevention of mental illness and promotion of mental health (Knapp et al, 2011)
- EPA guidance on prevention of mental disorder (Campion et al, 2012)
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