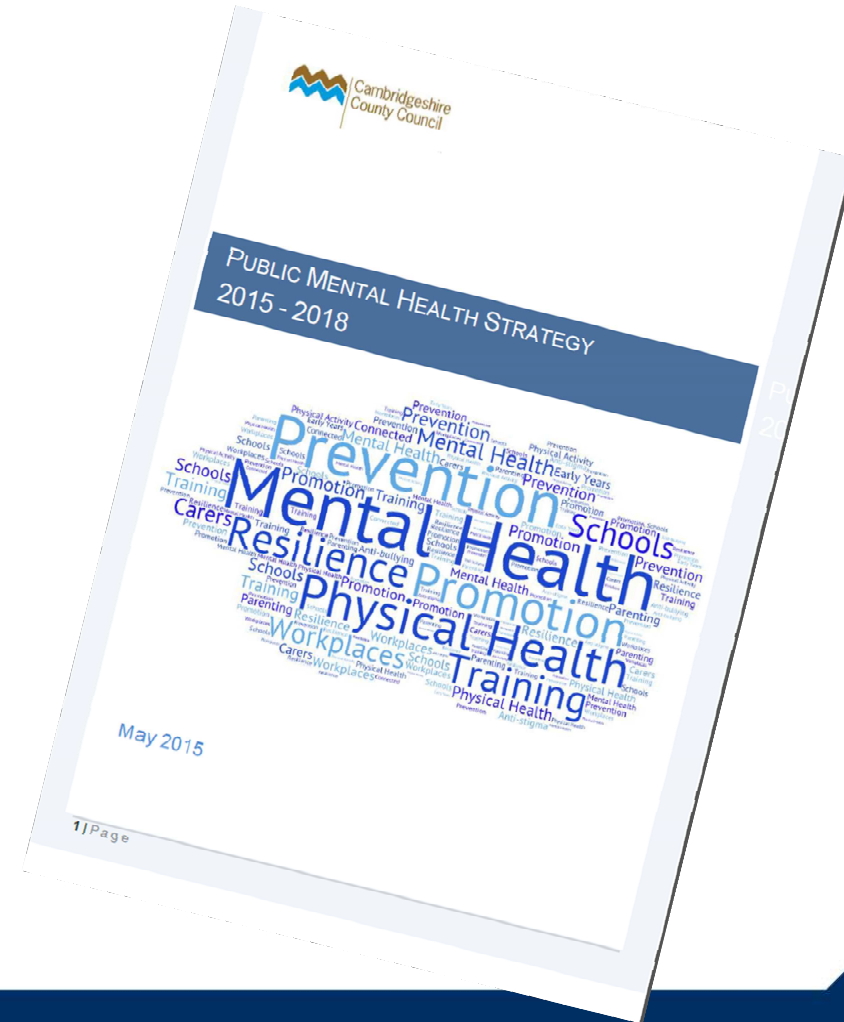




Public Mental Health Strategy



Holly Gilbert
Sept 2015

Why?

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.

Half of all lifetime mental
health problems emerge
before the age of 14

(Kim-Cohen et al, 2003; Kessler et al, 2005)



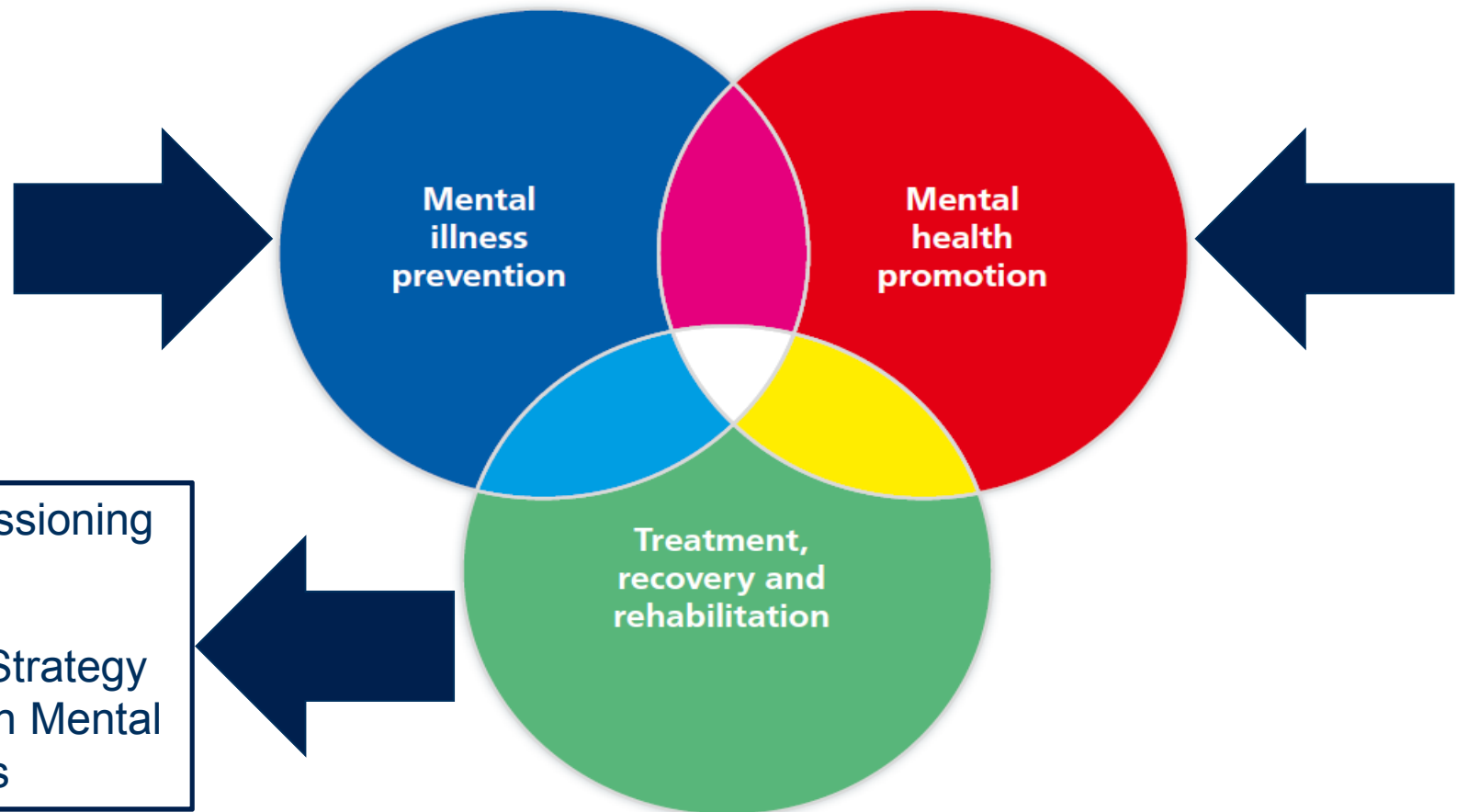
1 month 6 months 3 years 6 years 12 years

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)*.

The Strategy



Vision & Aims



Collaborating with a wide range of partners, this strategy will work to improve PMH with the aim of achieving:

1. **Common understanding** of what it means to improve public mental health.

2. **Maximise opportunities** to promote MH and prevent MI within Cambridgeshire through:

- w Taking a life course approach to promoting MH
- w Promoting a more holistic approach to physical and MH
- w Integrating mental health into all aspects of our work
- w Developing a wider environment that supports mental health including tackling stigma.

Themes



Life Course Approach to Promoting Mental Health

- w Children & Young People
- w Social Isolation

Developing a Wider Environment that Supports Mental Health

- w Mental Health & Work
- w Mental Health Promotion in the Community

Physical and Mental Health

- w The Mental Health of People with Long Term Conditions
- w The Physical Health of those with Mental Illness

Actions

Life Course Approach to Promoting Mental Health

- w Support for schools to take a whole school approach to improving mental health including a new anti-bullying toolkit and strategy

Developing a Wider Environment that Supports Mental Health

- w Mental health support for employers (training)
- w Cross agency anti-stigma campaign work

Physical and Mental Health

- w Review evidence base in terms of interventions
- w New group to design and implement action plan to improve physical health of those with SMI

Implementation

- u Action plan for first year attached to strategy
- u Multi-agency implementation
- u Mostly through existing governance structures (new group for physical health and SMI work)
- u Health Committee overview and updates
- u First update will be in December 2015.

Self-Harm in Cambridgeshire

Holly Gilbert

September 2015

What is self-harm?

Self-harm is understood as **physical injury** inflicted as a means to **manage an extreme emotional state**. It is primarily a **coping strategy**, and although it is a risk for suicide, the intention is often to manage feelings rather than to complete suicide.

Risk Factors



Panel 1: Risk factors for self-harm and suicide in adolescents

Sociodemographic and educational factors

- Sex (female for self-harm and male for suicide)—most countries*
- Low socioeconomic status*
- Lesbian, gay, bisexual, or transgender sexual orientation
- Restricted educational achievement*

Individual negative life events and family adversity

- Parental separation or divorce*
- Parental death*
- Adverse childhood experiences*
- History of physical or sexual abuse
- Parental mental disorder*
- Family history of suicidal behaviour*
- Marital or family discord
- Bullying
- Interpersonal difficulties*

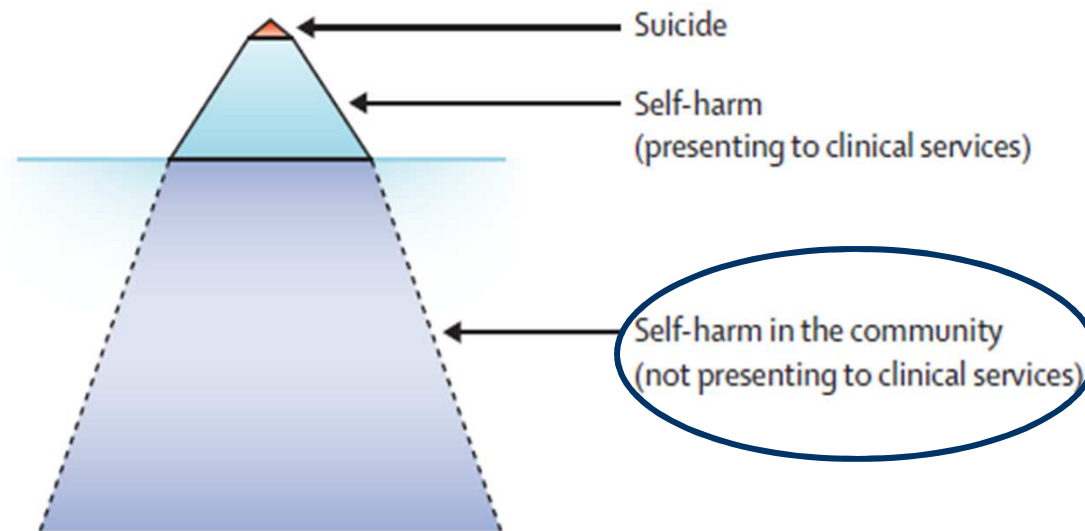
Psychiatric and psychological factors

- Mental disorder*, especially depression, anxiety, attention deficit hyperactivity disorder
- Drug and alcohol misuse*
- Impulsivity
- Low self-esteem
- Poor social problem-solving
- Perfectionism
- Hopelessness*

All the factors in the panel have been shown to be related to self-harm. * Shown to be related to suicide.

How common is self-harm?

It is thought that between 1 in 12 and 1 in 15 children and young people deliberately self-harm. The cases we see admitted to hospital are a small proportion of overall cases.



Representation of the relative prevalence of self-harm and suicide in young people.

Self-harm data

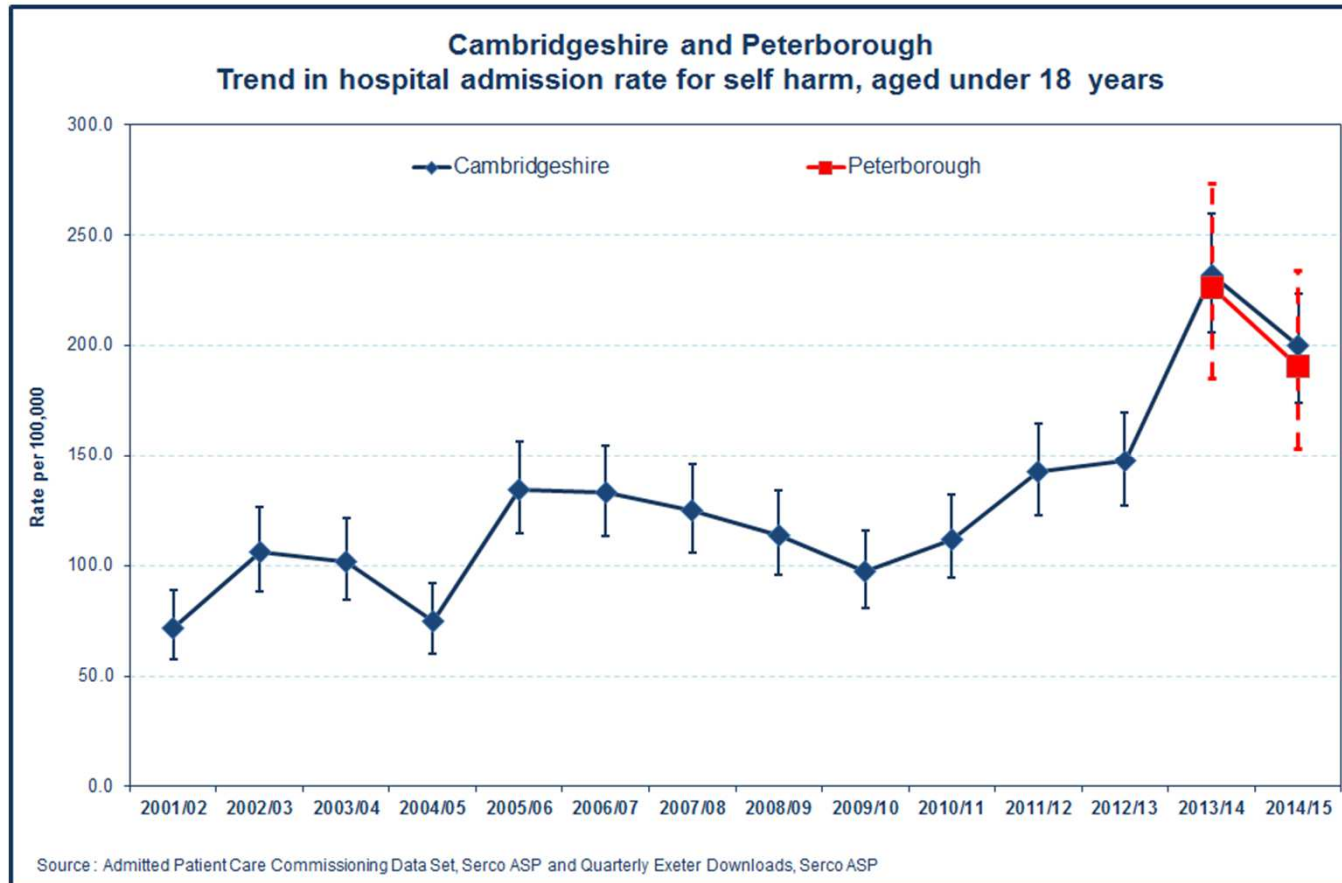
Em. self-harm admissions (10-24 years), 2013/14

Directly standardised rate - per 100,000

Area ▲▼	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	111,997	203.2	202.0	204.4
East of England region	10,935	184.4	180.9	187.9
Norwich	620	430.6	395.9	467.5
Peterborough	650	330.5	305.2	357.3
Cambridge	489	322.7	292.0	355.6
Waveney	269	253.5	223.8	286.0
Fenland	234	252.9	221.3	287.7
Ipswich	355	252.0	226.2	279.9
North Norfolk	213	248.7	215.3	285.6
Southend-on-Sea	430	246.7	223.8	271.3
Harlow	193	229.6	198.1	264.7
East Cambridgeshire	190	229.3	197.5	264.7
South Cambridgeshire	337	228.0	204.1	254.0
Colchester	420	225.3	204.1	248.1
King's Lynn and West Norf...	306	224.6	199.9	251.5
Tendring	272	223.4	197.1	252.2
Great Yarmouth	207	220.2	190.9	252.6
Breckland	274	216.2	191.1	243.7
South Norfolk	249	208.9	183.4	237.0
Broadland	244	204.6	179.3	232.3
Huntingdonshire	347	202.4	181.5	225.0

Self-harm data

More recent data for **under 18s** is available locally:



Most recent data for under 18s shows a reduction in the rate of self-harm cases in Cambridgeshire and Peterborough. However, this is based on small numbers, therefore several years worth of data will be needed to establish whether this is a random fluctuation or part of a downward trend.

Cambridgeshire



Under 18s data shows:

- u The number of hospital admissions for self harm is six times higher in girls than boys in Cambridgeshire
- u The most common method of self-harm resulting in hospital admissions is 'Intentional self-poisoning by and exposure to nonopoid analgesics, antipyretics and antirheumatics', at around half of admissions.
- u Over 70% of self-harm resulting in a hospital admission occur at home
- u For the combined period of 2013/14 and 2014/15 around 56% of self harm admissions in Cambridgeshire had a diagnosis of mental health recorded

Prevention & Treatment

- u Limited evidence
- u Schools and colleges provide an important setting for mental health promotion interventions, including anti-stigma work, contributing strongly to the risk and resilience factors for mental health.
- u The most effective school mental health promotion programmes are those that are:
 - w Long-term
 - w Take a whole school approach – including culture, staff morale, pupil, and family and community involvement.

Contacts



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