

# PUBLIC MENTAL HEALTH STRATEGY

## 2015 - 2018



May 2015

## 2. Facts & Figures

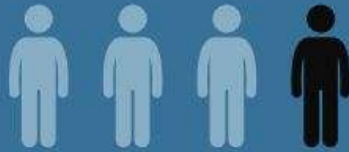
### 2.1 The National Picture

**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 in England (compared to 16% for cancer and 16% for heart disease) but comprises 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)



1 month 6 months 2 years 9 years 12 years

**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, among people with severe mental illness, higher levels of smoking (Brown et al 2010)

**Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child.**

These costs fall to a variety of agencies (eg education, social services and youth justice) and also include the direct costs to the family of the child's illness. (Annual Report of the Chief Medical Officer 2012)

**Research suggests that 39% of offenders supervised by probation services have a current mental health condition**

(Centre for Mental Health, Brooker et al 2012)



**Carers of people with long-term illness and disability are at greater risk of poor health than the general population, and are particularly likely to develop depression.**



In an Office for National Statistics survey 33% of carers said caring made them depressed at least some of the time (ONS 2002)

**Image produced by Warwickshire County Council in the Warwickshire Public Mental Health and Wellbeing Strategy 2014-16.**

# Summary

At any one time, at least one person in six is experiencing a mental health condition. This is costly to the individual, society and the economy. We also know that people who have a severe mental illness often have poorer physical health and are more likely to die earlier. This strategy looks at ways in which we can better promote good mental health and prevent mental illness – what this actually means for individuals and families is described using the fictional family in Figure 1 (see pages 33-34).

Although anyone can experience a mental illness or poor mental health, some people will be more likely than others because of their genetic make-up or their life experiences that make them more vulnerable. It is knowledge of these factors, and the research into evidenced based interventions that inform this public mental health strategy.

The strategy looks at mental health promotion and prevention activity across three broad themes, looking at the evidence base for what potentially could work, as summarised below:

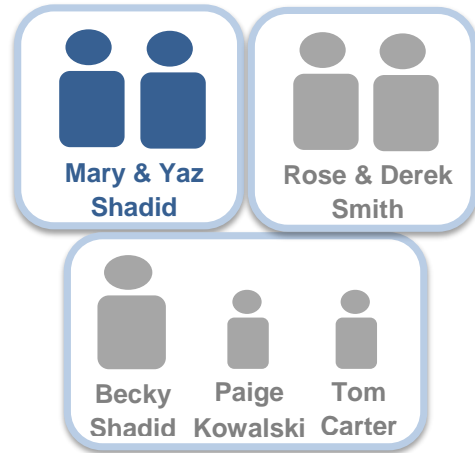


Figure 1 This fictional family will be used in the strategy as an example of how this strategy could affect individuals.

### *A life course approach to promoting mental health*

#### **Children & Young People**

- Identifying and treating maternal mental illness in pregnancy and the first year of life
- Parenting programmes
- Mental health promotion in early years settings
- Anti-bullying interventions in schools
- Mental health promotion in schools

#### **Social Isolation & Loneliness**

- Activities and services for people to access, and additional support to help people access services.
- Creating a community environment that fosters development of services

### *Developing a wider environment that supports mental health*

#### **Mental Health & Work**

- Recommendations on mental health promotion and mental illness prevention in workplaces
- Support for those with people with severe and enduring mental illness to return to work.

#### **Mental Health Promotion in the Community**

- Anti-stigma campaigns including national campaigns such as ‘Time to Change’
- Training which increases knowledge and raises awareness of mental health & illness.

### *Physical and mental health – ‘the mental health of people with physical illness and the physical health of people with mental illness’*

#### **Mental Health of People with Long Term Conditions**

- Effective identification and treatment of mental health issues for people with long term conditions

#### **Physical Health of people with Mental Illness**

- Physical health assessments
- Physical activity
- Social prescribing

### What does the strategy recommend?

Building on the evidence base and knowledge of some of the interventions already in place, the table below summarises what the strategy proposes. Given the scale of the issue, depression and anxiety affect about half the population at some point during their lives, these proposals are not just for implementation by the public health team, but for a wide range of organisations across the public, voluntary and private sector. A recurrent investment of £120k has been agreed to support the implementation of the strategy. Those actions in *italics* are suggested areas for further investment as part of this strategy’s implementation funding. A more detailed action plan is provided in the full strategy (p.35-39).

	Why focus here?	Actions
<b>Children and young people</b>	<p>Half of all lifetime mental health problems emerge before the age of 14. See page 10 and (Warwickshire County Council, 2014).</p> <p>Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child. See page 10 and (Warwickshire County Council, 2014).</p>	<p><i>Focus on supporting schools to tackle anti-bullying and to introduce a ‘whole school approach’ to improving mental health. This approach includes culture, staff morale, pupil and family and community involvement.</i></p> <p>Maximise opportunities to promote mental health across the early years, including during pregnancy and in the first year of life.</p> <p>Continue to support evidenced based parenting programmes.</p>
<b>Social isolation and a wider environment that supports mental health</b>	<p>The environment in which we live can make some individuals and population groups more at risk of poor mental health. These risk factors include low income and/or debt, housing conditions, unemployment, social isolation and adverse life experiences such as adversity in childhood and domestic abuse (see page 11).</p>	<p>Increase engagement with communities in addressing and improving their health and wellbeing.</p> <p>Support the digital inclusion strategy and the expansion of the Time Credit scheme.</p> <p>Consider how services, such as Lifestyle or community navigator services, might have their role enhanced in relation to mental health and be better able to identify those in need of support.</p> <p>Continue with initiatives supporting people with mental illness back into work or to stay in work.</p> <p>Support the implementation of other relevant strategies such as the Cambridgeshire County Council Child Poverty Strategy which includes a focus on helping parents back to work.</p>

<p><b>Workforce mental health</b></p>	<p>Mental ill health costs some £105 billion each year in England; £29bn of this is losses to business. Interventions to improve mental health within the workplace have been found to be cost effective for businesses. See page 10 and (Warwickshire County Council, 2014).</p>	<p><i>The public health ‘workplace health’ programme should have a strategic focus including mental health, and expand to cover a much greater proportion of workplaces, particularly in areas of greatest deprivation or among highest need populations. A suitable training package will be identified for employers so that they can provide improved support to those employees with mental illness.</i></p> <p><i>The programme should identify and roll-out a workplace health standard, which gives employers a set of good practice standards on mental health and other health issues to adopt.</i></p>
<p><b>Anti-stigma work</b></p>	<p>Many people who have a mental illness have experienced stigma or feel the need to hide their illness – one study found that 70% of mental health service users felt the need to conceal their illness (Corker et al. , 2013).</p>	<p><i>Support anti-stigma campaigns, building on the work of the ‘Stop Suicide’ Campaign. Workplaces, schools and early years settings should all be utilised as locations for campaign work.</i></p> <p>Continue to fund Mental Health Awareness Training for frontline staff and look at options for disability awareness and discrimination.</p>
<p><b>Mental health of those with physical illness</b></p>	<p>Around 30% of all people with a long term physical health condition in England also have a mental health problem, most commonly depression/anxiety (Naylor et al. , 2012). Mental health problems exacerbate physical illness.</p>	<p>Improve the identification of those people with a long term physical health condition(s) and depression.</p> <p>Ensure that those identified received evidence based interventions for depression, or access to rehabilitation programmes which include mental health support where appropriate.</p>
<p><b>Physical health of those with mental illness</b></p>	<p>People with severe mental illness die up to 20 years younger than their peers in the UK and lifestyle is thought to play an important role (see page 10). One study found that 60% of people receiving secondary mental health care smoked (Wu et al., 2013).</p>	<p>Increase the number of community mental health team members who are trained to give stop smoking advice, and increase the number of people with serious mental illness (SMI) referred to stop smoking services.</p> <p><i>Additional focused initiatives to support the physical health of those with SMI, through preventive lifestyle interventions, such as tailored physical exercise programmes. Improve consistency in physical health assessments and signposting.</i></p>