



Cambridgeshire
County Council

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

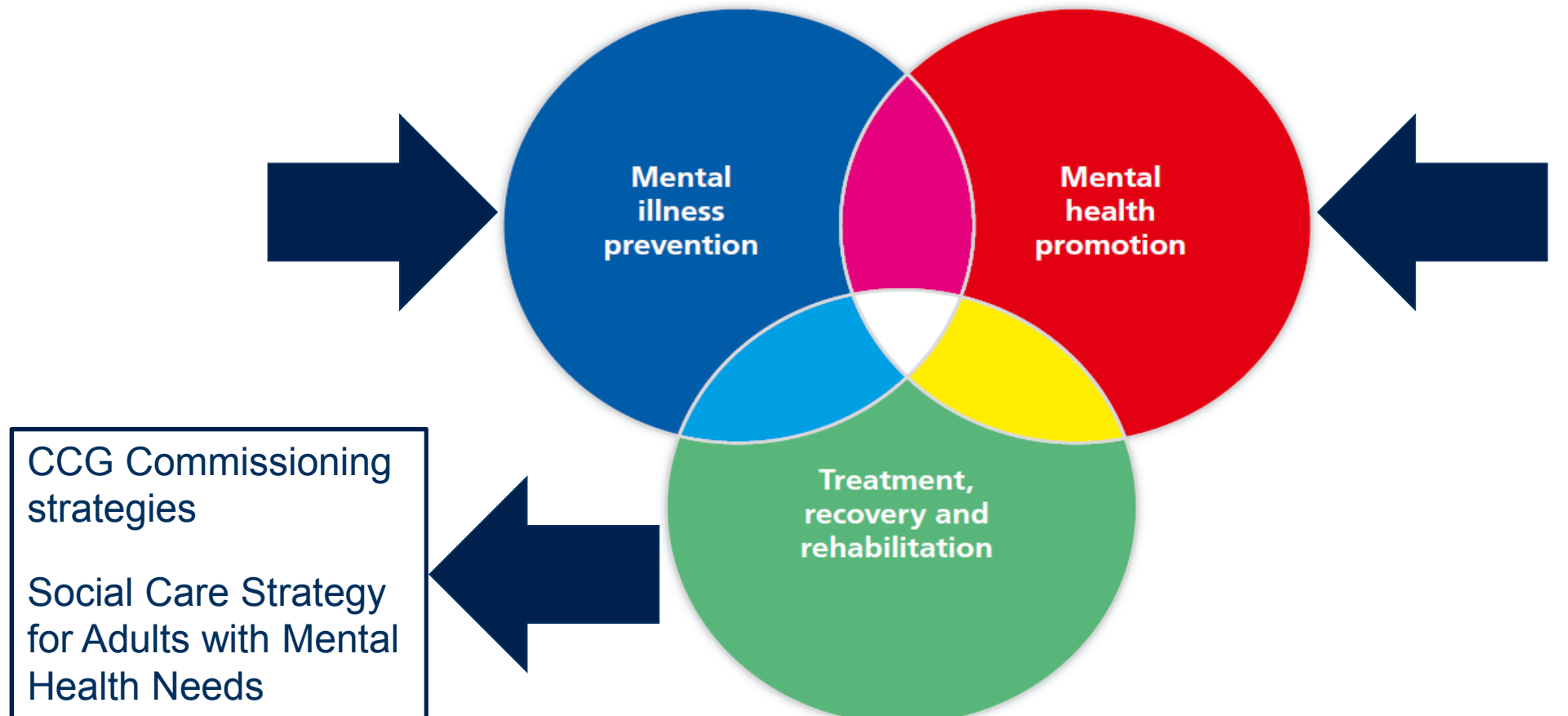
**Mental ill health costs some
£105 billion** each year in
England alone.



This includes £21bn in health and
social care costs and £29bn in
losses to business (*Centre for
Mental Health 2010*).

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

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.



6. Delivering the Strategy

The consultation process will inform the action plan, an outline plan is given below. The plan is for the first year of the strategy, actions highlighted in blue have already been agreed. A recurrent investment of £120k has been agreed in the 2015/16 business plan to support the implementation of the strategy. Throughout implementation of the strategy plan, consideration will be given to those groups most at risk of mental illness as highlighted in section 2.2 of this strategy.

Theme	No.	Action	Focus in year one of implementation	Timescale	Funding	Impact	Governance Board
A life course approach to promoting mental health	1	Support schools to implement whole school approaches to health and reducing stigma	Development of tools to support school anti-bullying work and a multi-agency anti-bullying strategy.	September-March 2015			Emotional Wellbeing and Mental Health of Children & Young People Board
	2	Develop tools and provide additional support to schools in terms of anti-bullying work and reducing self-harm	Self-assessment tool on mental health and wellbeing developed for secondary schools.	For September 2015	Funding needed to support the implementation of the anti-bullying strategy and further support for schools in implementing the 'whole school approach'. The findings of the work would ideally be built into individual organisations training plans.	A greater proportion of schools adopt and maintain a 'whole health approach' to mental health and access the free training on this. This should also impact upon the rate of self-harm in Cambridgeshire.	
	3	Greater publicity around the training already offered around mental health by the Local Authority	Relaunch of 'Whole School Approach' training provided by CPFT.	For September 2015		A greater proportion of schools implement effective anti-bullying strategies. That improvements in both these areas are reflected in the Health Related Behaviour Survey.	

http://www.cambridgeshire.gov.uk/site/custom_scripts/cons_details.aspx?ref=361

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



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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

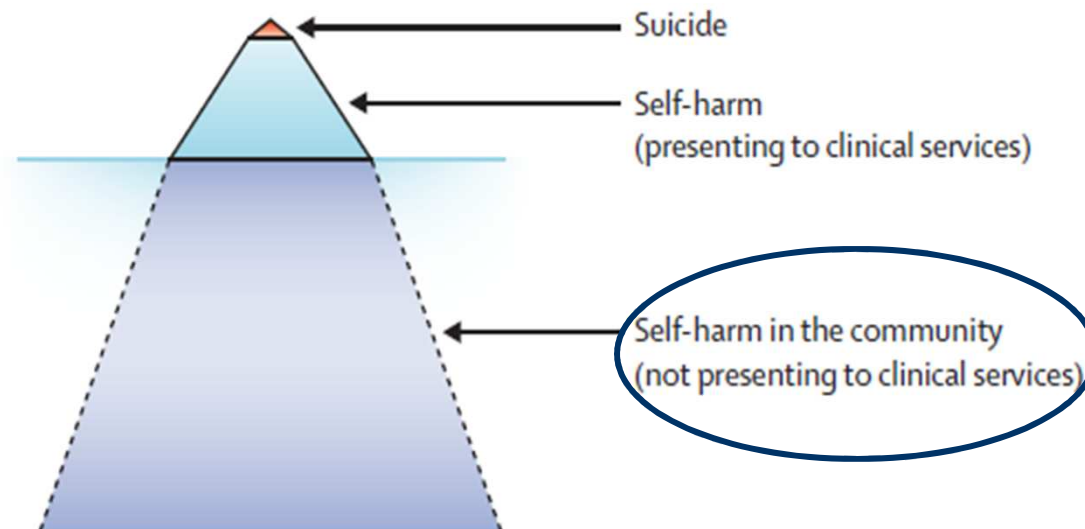
- Mental disorder*, especially depression, anxiety, attention deficit hyperactivity disorder
- Drug and alcohol misuse*
- Impulsivity
- Low self-esteem
- Poor social problem-solving
- Perfectionism
- Hopelessness*

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.

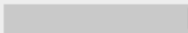






















Representation of the relative prevalence of self-harm and suicide in young people.

Self-harm data

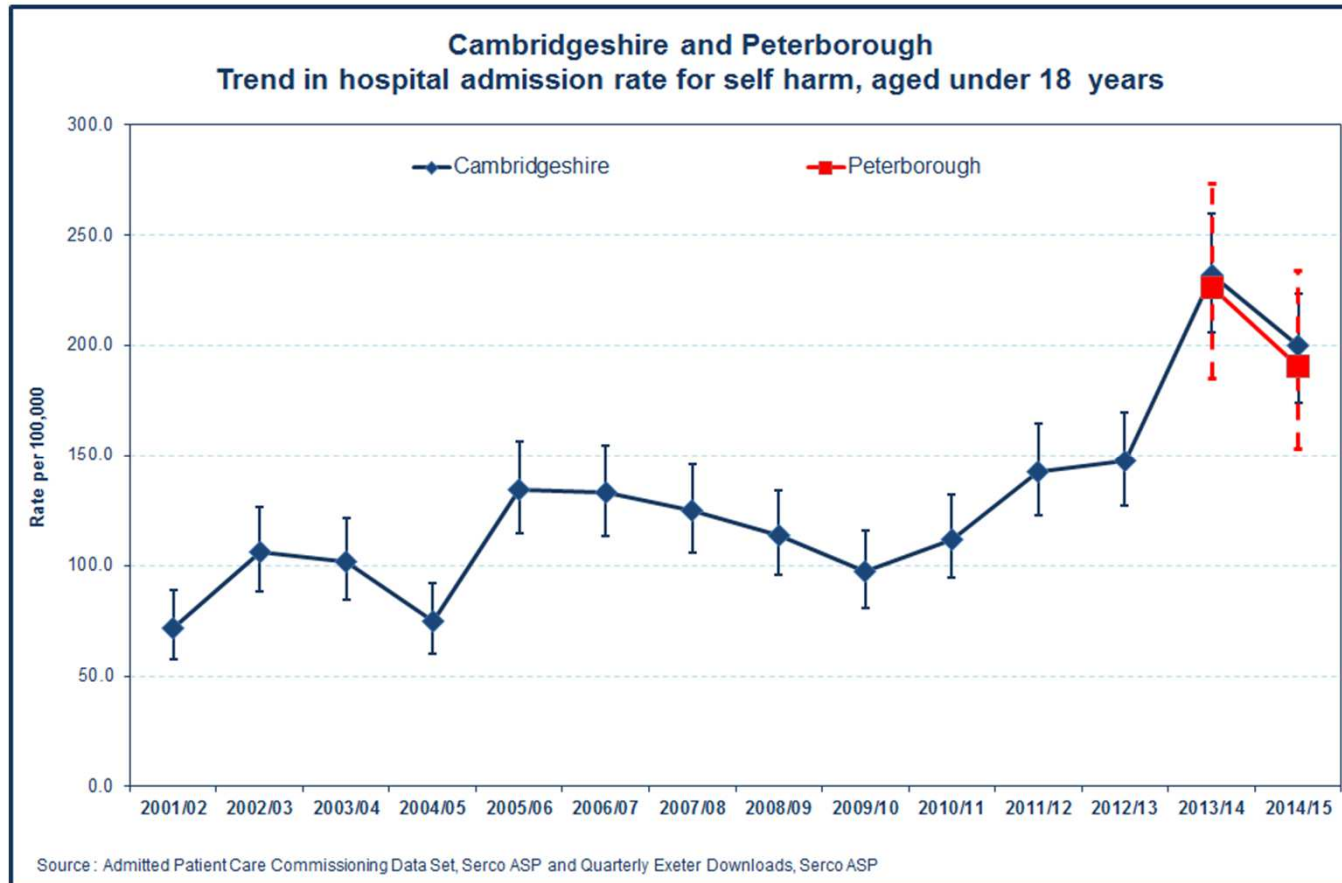
Em. self-harm admissions (10-24 years), 2013/14

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



Emma de Zoete

Consultant in Public Health

01223 699117

Emma.DeZoete@cambridgeshire.gov.uk

Holly Gilbert

Public Health Manager – Mental Health & Community
Safety

01223 703263

holly.gilbert@cambridgeshire.gov.uk