Public mental health and relevance to social care

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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
What are local public mental health tangibles?
Local public mental health tangibles

Assessment of:
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 social care, public health and health outcomes

8) Reduce inequalities

9) Facilitate parity between mental and physical health

10) Economic savings in time of austerity
1) Assessment of local levels of mental disorder and well-being including in high risk groups
• Almost one in two people experience mental illness during their lifetime
  – 46.4% (Kessler et al, 2005)

• 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 common mental disorder (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
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)

- In UK, various instruments have been used to measure population wellbeing including WEMWBS (HSE, 2010; ONS, 2012)
Local 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: Vary significantly between localities (Deacon et al, 2009)
• Local measures of mental disorder and wellbeing informs about 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 of such factors
Risk factors

- Household factors: Children from lowest 20% 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
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• Parental factors: Poor parental mental health 4–5 fold increased rate in onset of mental disorder

• Childhood adversities strongest predictors of disorders (Kessler et al, 2010)

• Child abuse: several fold increased risk of every mental disorder (Jonas et al, 2011)

• Sexual abuse: even higher several fold increased risk of all mental disorder (Jonas et al, 2011) and attempted suicide (OR 9.4) (Bebbington et al. 2009)
Childhood adversity

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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)
Factors influencing wellbeing

• Genetic background, maternal care, early upbringing and early experiences
• Demographics
• Socio-economic factors reduced inequality
• Engagement in purposeful activity such as work
• Social support, networks, relationships
• Community factors such as trust and participation
• Self-esteem, autonomy, values such as altruism
• Emotional and social literacy
• Spirituality
• Physical health
Inequality underlies mental disorder and poor wellbeing

- Inequality - key factor underlying many other risk factors
- 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

• 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
Adult high risk groups

• **BME groups**
  
  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)
• Lesbian, gay and bisexual people - increased risk of CMD (OR 4.2) (Chakraborty et al, 2011)
  Suicide attempt (OR 2.2)
  Probable psychosis (OR 3.7)

• 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) (Bebbington et al, 2011)

- **BME groups (7.9% of UK population)**
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%
Mental disorder starts early

- Key reason for size of burden
- 50% of lifetime mental illness (excluding dementia) starts by age 14
- 75% by mid twenties
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 et al, 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>
Increased risk of poor adult outcomes

Poor mental health in childhood and adolescence also associated with poor adult health outcomes:
• higher rates of adult mental disorder
• suicide
• unemployment and lower earnings
• marital problems
• crime and violence
• outcomes are worse for conduct disorder compared with emotional disorder
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

Schizophrenia associated with:
• 20.5 year reduced life expectancy for men and 16.4 year reduced life expectancy for women
• Increased mortality from all disease
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)
  - 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

• To UK economy: £105 billion annual cost of mental illness in England (CMH, 2010)
• To UK employers: £28 billion annually (NICE, 2009)
• Crime: £60 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
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 appropriate 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
5. Resources
Spend on treatment of mental disorder and promotion/prevention

• £11.9 billion or 11.1% of annual budget spent on UK mental health services in 2009/10 (DH, 2012) (note disparity to 22.6% burden figure)

• 6.8% of mental health budget spent on child and adolescent services

• In 2009/10, estimated national spend on adult mental health promotion £9 million (DH, 2011)

• Context: UK planned 20% cuts over next 4 years
6. Enable delivery of effective public mental health interventions to
   - Promote wellbeing
   - Prevent mental disorder
   - Treat mental disorder early
Twin track approach of treatment and prevention/promotion

• Prompt intervention for mental disorder is vital

BUT

• 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
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 to be published shortly
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
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
Three types of intervention

- Mental health promotion
- Prevention
- Early intervention
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
- Home visiting programmes
- Parenting programmes

Supporting good parenting skills

Preschool and early education interventions

- Improved cognitive skills, school readiness, academic achievement and family outcomes
- Prevention of emotional and conduct disorder
Developing well

School based mental health promotion

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

- Debt and financial capability interventions
- Good housing and supported housing
- Interventions for adequate heating
- Physical activity
- Active travel
- Neighbourhood interventions
- Safe green community space
- Activities including learning, active leisure, volunteering, arts
- Positive psychology interventions
- Mindfulness interventions
Social capital promotion

As well as volunteering, leisure, arts and creativity and parental support, these include:

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

• Work-based mental health promotion
• Work based stress reduction
• Targeted supported employment for:
  ➢ those recovering from mental illness
  ➢ unemployed
• Early intervention for mental illness at work
Ageing well

- Psychosocial interventions
- Reducing isolation
- Befriending
- Promotion of physical activity
- Continued learning
- Volunteering
- Addressing hearing loss
Caring well
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
Early intervention

• Early treatment improves outcomes and can prevent a significant proportion of adult mental disorder (Kim-Cohen et al, 2003)

• Early intervention during psychosis pro-drome can 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
• Early 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
PMH intelligence to identify levels of local need

• Significant variation in levels of mental disorder and wellbeing
• 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
7. Improve range of outcomes

- Promotion, prevention and early intervention impact on social care, public health, health and other outcomes
- Improved mental health, physical health, resilience, life expectancy, healthy lifestyles, economic productivity, social functioning and quality of life
- Reduced
  - Burden of mental ill-health
  - Inequalities
  - Health risk behaviour, crime, violence
Supporting social care outcomes

1) Enhancing quality of life for people with care and support needs
2) Delaying and reducing the need for care and support
3) Ensuring that people have a positive experience of care and support
4) Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
8. Economic outcomes
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.
Early intervention (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
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
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
  - intervention for health risk behaviours
  - detection and treatment of physical illness
  - wellbeing promotion to facilitate recovery of those with mental disorder
10. Facilitate parity of mental health with physical health

• Only a minority with mental disorder receive any intervention.
• Virtually no spend on prevention/promotion
• Contrast almost all with cancer receive intervention
• 11% of NHS budget spent on treatment vs 23% burden of disease
• Support parity particularly for higher risk groups
• Enhance access to:
  ➢ physical health care
  ➢ interventions for health risk behaviour
  ➢ interventions to prevent mental disorder and promote mental health
Summary

Public mental health 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
Appropriate PMH commissioning can

- prevent large proportion of mental disorder and promote population wellbeing
- facilitate early intervention for mental disorder and reduced treatment gap
- result in significant improvements in social care, public health and health service outcomes
• Result in significant personal, social and economic savings even in the short term

• Facilitate joined up and collaborative working between different service providers
Joint Commissioning Panel for Mental Health
www.jcpmh.info/

- Collaboration between RCPsych, RCGP, RCN, ADASS, Mental Health Network, NHS Confederation, Rethink, MIND, NSUN, NIP, BPS
- Publishes briefings on the key values and principles for effective mental health commissioning
- Supports commissioners in commissioning mental health care that delivers the best possible outcomes for health and well being
Public mental health documents

- RCPsych (2010) position statement on public mental health
- Mental health strategy (HMG, 2011)
  - 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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