Public mental health: Opportunities for implementation

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Children's Mental Health and Wellbeing: Policy and Future Directions in the Nordic Countries

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Outline for presentation

Key messages

1) Impacts of mental disorder
2) Impacts of mental health/wellbeing
3) Risk and protective factors
4) Higher risk groups
5) Public mental health interventions
6) Implementation gap
7) Recent work in England to improve access to public mental health intelligence

Summary

Key messages

- **Mental disorder and poor mental wellbeing have a broad range of impacts and economic costs**
- **Majority of lifetime mental disorder arises before adulthood**
- **Effective interventions exist to treat mental disorder, prevent mental disorder and promote mental wellbeing**
- **These result in a broad range of impacts and associated economic savings even in the short term**
- **However, only a minority of children and adolescents with mental disorder receive any treatment, far fewer receive interventions to address risk factors to prevent mental disorder, even less mental wellbeing promotion**

Key messages

- **Public mental health intervention gap represents systematic contravention of rights to health**
- **Results in huge impact, lost human potential and economic cost across the life course**
- **Size, impact and cost of public mental health intervention gap can be estimated at local, regional and national levels**
- **Such information facilitates transparency, accountability and improved coverage which results in large impacts and associated economic savings even in the short term**

Public mental health elements

Key public mental health elements

Intelligence on

- **Level of mental disorder and well-being across populations**
- **Associated impact**
- **Level of risk factors for mental disorder**
- **Level of protective factors for mental wellbeing**
- **Numbers from groups at higher risk of mental disorder and poor wellbeing**
- **Coverage and outcomes of effective interventions to treat mental disorder, prevent mental disorder and promote well-being**
- **Size, impact and cost of public mental health intervention gap**

Enables clear defining size, impact and cost of problems, effective interventions, implementation and evaluation

1) Impacts of mental disorder

Impacts of mental disorder

- **Burden of mental disorder measured by 'Years Lost due to Disability' (YLD) (WHO, 2014)**
  - **22.8% of global disease burden of disease**
  - **29.2% of burden of disease in Europe**
  - **30.5% of burden of disease in Iceland**
  - **30.3% of burden of disease in UK**
  - **Underestimate since omits several mental disorders**

- **Impacts are important to highlight to engage key stakeholders**

- **Size of impact due to mental disorder**
  a) **Arising early in the life course**
  b) **Broad range of impacts/ outcomes**
  c) **High prevalence**

Source: WHO, 2014

a) Early onset of mental disorder

- **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)**
- **Several decades before physical illness**
- **Implications for age of delivery of public mental health interventions**

b) Broad impacts of mental disorder relevant to different sectors

Impacts during childhood and adolescence

- **Health**
- **Self-harm and suicide**
- **Health risk behaviour - smoking, alcohol and drug misuse, sexual risk, nutrition, physical activity**

- **Educational outcomes**
- **Antisocial behaviour and offending**
- **Social skills**
- **Teenage parenthood**

- **Note parallel impacts of mental wellbeing**

Source: Campion et al, 2012

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Impacts of emotional and conduct disorder in children and young people in UK (Green et al, 2005)

Risk Behaviour	Emotional Disorder (6%)	Conduct Disorder (4%)	No Disorder
Smoke regularly (age 11- 16)	19%	30%	5%
Drink at least twice a week (age 11- 16)	5%	12%	3%
Ever used hard drugs (age 11- 16)	6%	12%	1%
Have ever self harmed (self report)	21%	19%	4%
Have no friends	6%	8%	1%
Ever excluded from school	12%	34%	4%

Childhood mental disorder associated with range of poor adult outcomes

Mental disorder in childhood and adolescence also associated with higher adult rates of:

- **Mental disorder, self-harm and suicide**
- **Health risk behaviour including smoking, alcohol and drug misuse, sexual risk, nutrition, physical activity**
- **Physical illness**
- **Unemployment and lower earnings**
- **Crime and violence**

Source: Campion et al, 2012

Impacts of mental disorder in adulthood

- **Physical illness**
- **Reduced life expectancy**
- **Suicide and self harm**
- **Range of health risk behaviour**

- **Unemployment**
- **Homelessness**
- **Stigma and discrimination**

Source: Campion et al, 2012

Mental disorder underlies large proportion of 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 in UK have either emotional or conduct disorder (Green et al, 2005)**
- **Note impact of cessation on mental health at least as great as antidepressants (Taylor et al, 2014)**

Relevance to public health and other health risk behaviour

- **Alcohol and drug misuse**
- **Sexual risk behaviour**
- **Eating behaviour**
- **Physical activity**

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Mental disorder impacts on large proportion of physical illness and associated premature mortality

- **Depression: 11 years (men), 7 years (women)**
- **Schizophrenia: 21.7 years (men), 17.5 years (women)**
- **Alcohol use disorder: 10.8 years (women), 17.1 years men**
- **Opioid use disorders: 17.3 years (women), 9.0 years (men)**
- **Personality disorder: 18 years**

Source: Change et al, 2011; Brown et al, 2010; Hayes et al, 2011; Fok et al, 2012

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Economic impact of mental disorder

- **Globally: €1906 billion annually (Bloom et al, 2011)**
- **EU: Almost €800 billion annually (Olesen et al, 2011)**
- **England economy: €132 (£105) billion annually (CMH, 2010)**
- **Crime in England and Wales: €70 billion annual cost of crime by adults who had conduct disorder and sub-threshold conduct disorder during childhood and adolescence (SCMH, 2009)**
- **Possible to estimate local costs – gives figures greater impact**

c) Mental disorder is common

Source: Wittchen et al, 2011

National rates of child and adolescent mental disorder in UK

- **10% of children and young people have a mental disorder (Green et al, 2005)**
- **6% conduct disorder**
- **4% emotional disorder**
- **2% hyperkinetic disorder**
- **1% autism/ eating disorders, tics, selective mutism**
- **Co-morbidity: One third of children with conduct disorder have another disorder most commonly anxiety and ADHD**

Source: Wittchen et al, 2011

National and European rates of mental disorder

- **23%** **of adults in England have at least one mental disorder (McManus et al, 2009)**

- **31.2%** **of the European population are affected by mental disorders each year - equivalent to 136.2 million people**

Source: Wittchen et al, 2011

UK rates of sub-threshold mental disorder

Results in significant burden and also increases the risk of threshold disorder

- **18% of 5-16 year olds have sub-threshold conduct disorder**
- **17% of adults experience sub-threshold common mental disorder**
- **5% of adults have sub-threshold psychosis**
- **24% hazardous drinkers**

Source: Wittchen et al, 2011

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Levels of mental disorder vary by locality

- **Depend on levels of risk/protective factors and numbers from higher risk groups**
- **Three-fold variation in prevalence rates of emotional, hyperkinetic and conduct disorders according to levels of deprivation**
- **Can estimate local numbers with different mental disorder**

Source: Green et al, 2005; Campion & Fitch, 2012

Estimated proportion/number of children and adolescents with conduct/emotional/ADH disorder by London borough

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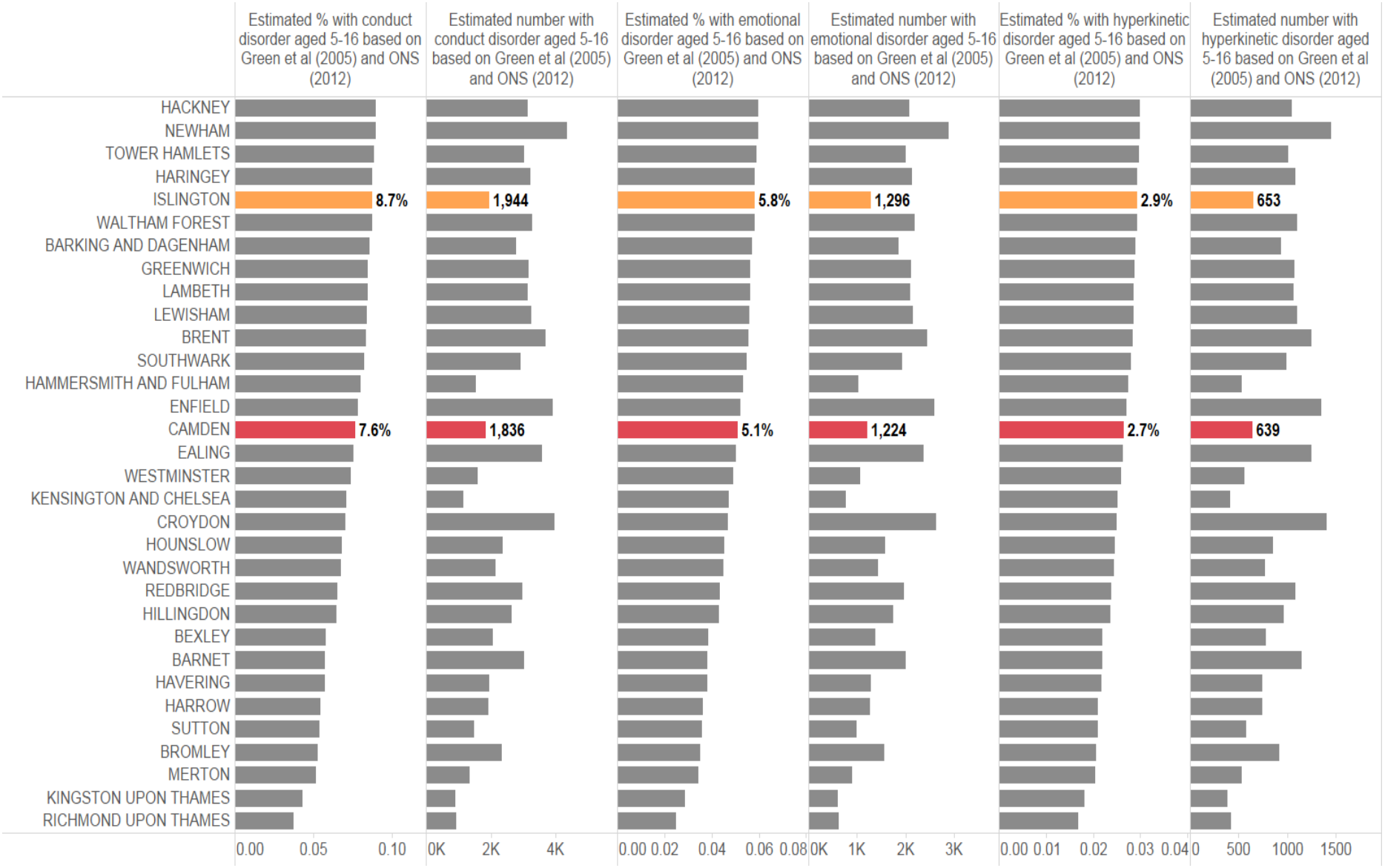

Source: Green et al, 2005; Campion & Fitch, 2012

2) Impact of mental health/ wellbeing

Impact of mental health/ wellbeing

- More than just absence of mental disorder
- Improved resilience to broad range of adversity
- Important in prevention of mental disorder
- Note how impacts mirror impacts of mental disorder

Health benefits of mental wellbeing

Associated with reductions in and prevention of:

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

Source: Campion et al, 2012

Benefits in sectors outside health

- Improved educational outcomes
- Healthier lifestyle/ reduced risk taking
- Increased productivity at work, fewer missed days off work
- Higher income
- Social relationships/ contentedness
- Reduced anti-social behaviour, crime and violence
- Reduced health risk behaviour

Source: Campion et al, 2012

Relationship between mental disorder and wellbeing

- **Good mental wellbeing reduces risk of mental disorder**
- **Mental disorder reduces mental wellbeing**
- **Single largest group with poor mental wellbeing are those with mental disorder/ sub-threshold mental disorder**
- **Requirement for more coordinated and joined up relationship between resources to address mental disorder and mental wellbeing**

3) Risk factors for mental disorder and protective factors for mental wellbeing

Risk and protective factors

- **Addressing determinants important to prevent mental disorder and promote mental wellbeing cf cardiovascular disease**
- **Important to assess local levels of such factors and intervention**
- **Different sectors outside health have responsibility for addressing different factors**
- **Mental disorder arises early in life course - therefore, prevention/ early intervention also prevents a whole range of associated impacts including on wellbeing across the life course – important public health issue**

Inequality - a key underlying factor

- **Inequality underlies most risk factors – important to address to prevent mental disorder but requires political will**

- **Mental disorder then further increases inequality which can also be prevented**

Risk factors for mental disorder during childhood

Household factors

- **Children from lowest 20% household income compared to highest 20% - 3 fold increased risk of mental disorder**

Pregnancy factors

- **Maternal use of drugs, alcohol, tobacco**
- **Prenatal maternal smoking** predictive of conduct problems and criminal conviction
- **Maternal stress during pregnancy -** increased risk of child behavioural problems and impaired cognitive development
- **Prematurity** associated with mental disorder
- **Low birth weight** associated with impaired cognitive and language development

Source: Green et al, 2005; Murray et al, 2011; O'Connor et al, 2003; Nosarti et al, 2012; Colman et al, 2007

Risk factors for mental disorder during childhood

Parental factors

- **Poor parental mental health 4–5 fold increased rate in mental disorder**
- **Parental unemployment 2–3 fold increased risk in onset of emotional/conduct disorder in childhood**

Child factors

- **Age: increased rates as reach adolescence**
- **Sex: boys > girls**
- **Ethnicity: White highest, Indian lowest**
- **Screen time: Impact on attention, physical activity, physical health, weight and social interaction**

Source: Green et al, 2005; Meltzer et al, 2003; Murray et al, 20110

Childhood adversity

- **Childhood adversities strongest predictors of mental disorder** (Kessler et al, 2010)

- **Child abuse:** several fold increased of all mental disorder

- **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)
  - 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 and abuse**
- **Stressful life events**
- **Inadequate housing/ homelessness**
- **Fuel poverty (1.7** fold increased risk of CMD)

Source: Campion et al, 2012

Population level of different risk factors for mental disorder

Population level of risk factors

- **While size of impact of any factor is important, also need to take account of numbers affected**

- **Examples**
  - **Child abuse in UK: 25.3%** of 18-24 year olds and **18.6%** of 11-17 year olds experienced severe maltreatment during childhood (NSPCC, 2011)
  - **Sexual abuse in England: 2.9%** of women and **0.8%** of men experienced sexual abuse in childhood (sexual intercourse) (Bebbington et al, 2011)

- **Facilitates estimation of local numbers affected by different risk factors …. and then numbers receiving intervention for such factors**

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Highlights potential of upstream approaches for sustainable reduction in burden of mental disorder

- **Potential to prevent large proportion of mental disorder arising through coordination with agencies whose role it is to address particular risk factors**
- **Potential to sustainably reduce burden of mental disorder**
- **Note Andrews et al, 2004**
- **Complimentary to treatment for mental disorder**
- **Reflected in twin track approach of UK cross government mental health strategy (HMG, 2011)**

Protective factors for wellbeing

- Genetic background, maternal (ante-natal and post-natal)/paternal care, early upbringing and early experiences
- Socio-economic factors
- Community factors such as trust and participation
- Values
- Meaning/purpose/spirituality
- Culture
- Emotional and social literacy
- Education
- Employment
- Physical activity
- Physical health

Source: Campion et al, 2012

Protective factors for wellbeing

Genetic background, maternal (ante-natal and Young children

- **Primary school context/ friendships**
- **Home life and family relationships**
- **Less deprived neighbourhood**

School teenage years

- **School environment free from bullying and classroom disruption**
- **Feeling supported**
- **Sharing meals**

Adulthood

- **Good employment**
- **Conditions of home**

Source: Chanfreau et al, 2013

Risk factors for poor wellbeing

School and teenage years

- **Substance misuse**
- **Excessive computer gaming**
- **Disruptive behaviour at school**

Adulthood

- **Deprivation**
- **Fuel poverty**
- **Poor state of repair of housing**
- **Stressful job**
- **Mental disorder**

Source: Chanfreau et al, 2013

Risk of lower wellbeing at certain ages

- **Falls during teenage years (proportion with high levels of wellbeing)**
  - **Age 11: 24%**
  - **Age 12: 18%**
  - **Age 13: 14%**
  - **Age 14: 11%**
  - **Age 15: 8%**

- **Dips between ages of 33-54**

- **Lowest in older women**

Source: Chanfreau et al, 2013

Population level of protective factors

- **Need to take account of both size of impact of different factors as well as numbers affected**
- **Requires intelligence on numbers receiving intervention to promote protective factors**
- **Opportunities of place based interventions - particularly schools and workplace**

4) Higher risk groups

Certain groups at much higher risk of mental disorder and low wellbeing

- **Benefit proportionately more from intervention to treat mental disorder, prevent mental disorder and promote mental wellbeing**
- **Principle of proportionate universalism**
- **Possible to estimate local numbers from higher risk groups, proportion with mental disorder and numbers receiving PMH intervention**
- **However usually missing from needs assessments**

Source: Campion & Fitch, 2012

Higher risk groups

- **Looked after children (by the state) - 5 fold increased risk of mental disorder (Meltzer et al, 2003)**
- **Children with learning disability - 6.5 fold increased risk of mental illness (Emerson and Hatton, 2007)**
- **Special educational need (OR 3.7) (Parry-Langdon et al, 2008)**
- **Young offenders: 18 fold increased risk of suicide for men in custody age 15–17 (Fazel et al, 2005)**
- **Proportion of women with depression (Gavin et al, 2005)**
  - **12.7% during pregnancy**
  - **6.5% at 6 months after birth**
  - **21.9% a year after birth**

5) Public mental health interventions

Public mental health interventions

Range of effective public mental health interventions across the life course which have massive potential cross-sector impact if delivered to those would benefit

- **Prevention of mental disorder (primary, secondary, tertiary)**
- **Promotion of mental wellbeing (primary, secondary, tertiary)**
- **Treatment/ prevention/ promotion**

Public mental health interventions

- **Cross Government public mental health strategy 'Confident Communities, Brighter Futures' (HMG, 2010)**
- **Royal College of Psychiatrists position statement on public mental health (RCPsych, 2010)**
- **Cross Government mental health strategy 'No health without mental health' (HMG, 2011) – signed up to by all government departments**
- **Joint Commissioning Panel guidance on public mental health (Campion & Fitch, 2012)**

Interventions from a range of service providers including from outside the health sector

Highlights importance of cross-sector coordination:

- **Primary and secondary care**
- **Public health service providers**
- **Local government**
- **Social care service providers**
- **Third sector social inclusion providers**
- **Education providers**
- **Employers**
- **Criminal justice services**

Approaches need to engage family

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Early intervention for mental disorder

Early intervention for mental disorder

- **Half of lifetime mental disorder has arisen by age 14**
- **Early intervention is associated with better outcomes and could prevent significant proportion of adult mental disorder (Kim-Cohen et al, 2003)**

- **Majority of people with mental disorder can be effectively managed in local health/ primary care**
- **Small proportion require secondary mental health services mostly as outpatients (3% in England)**

- **Facilitated by better recognition of mental disorder through:**
  - **improved detection and treatment by health professionals**
  - **improved mental health literacy among the population to facilitate prompt help seeking**

Early recovery and intervention for physical health

- **Early access to promote wellbeing/ recovery through provision of activities such as supported employment and settled accommodation**

- **Early intervention to promote physical health to prevent physical illness and premature mortality:**
  - **Early promotion of physical health**
  - **Physical health checks**
  - **Intervention for health risk behaviour such as smoking**

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Early intervention results in net economic savings per £ invested

- **Treatment of conduct disorder with parenting interventions £8**
- **Early detection and treatment of depression at work £5**
- **Early intervention for the stage which precedes psychosis (CHRS) £10**
- **First episode psychosis £18**
- **Screening and brief interventions in primary care for alcohol misuse £12**

Possible to reframe as local

- **Cost of not delivering evidence based interventions**
- **Savings from population delivery including where and timeframes**

Source: Knapp et al, 2011

Estimated net savings for 100% coverage of treatment for conduct disorder by London borough

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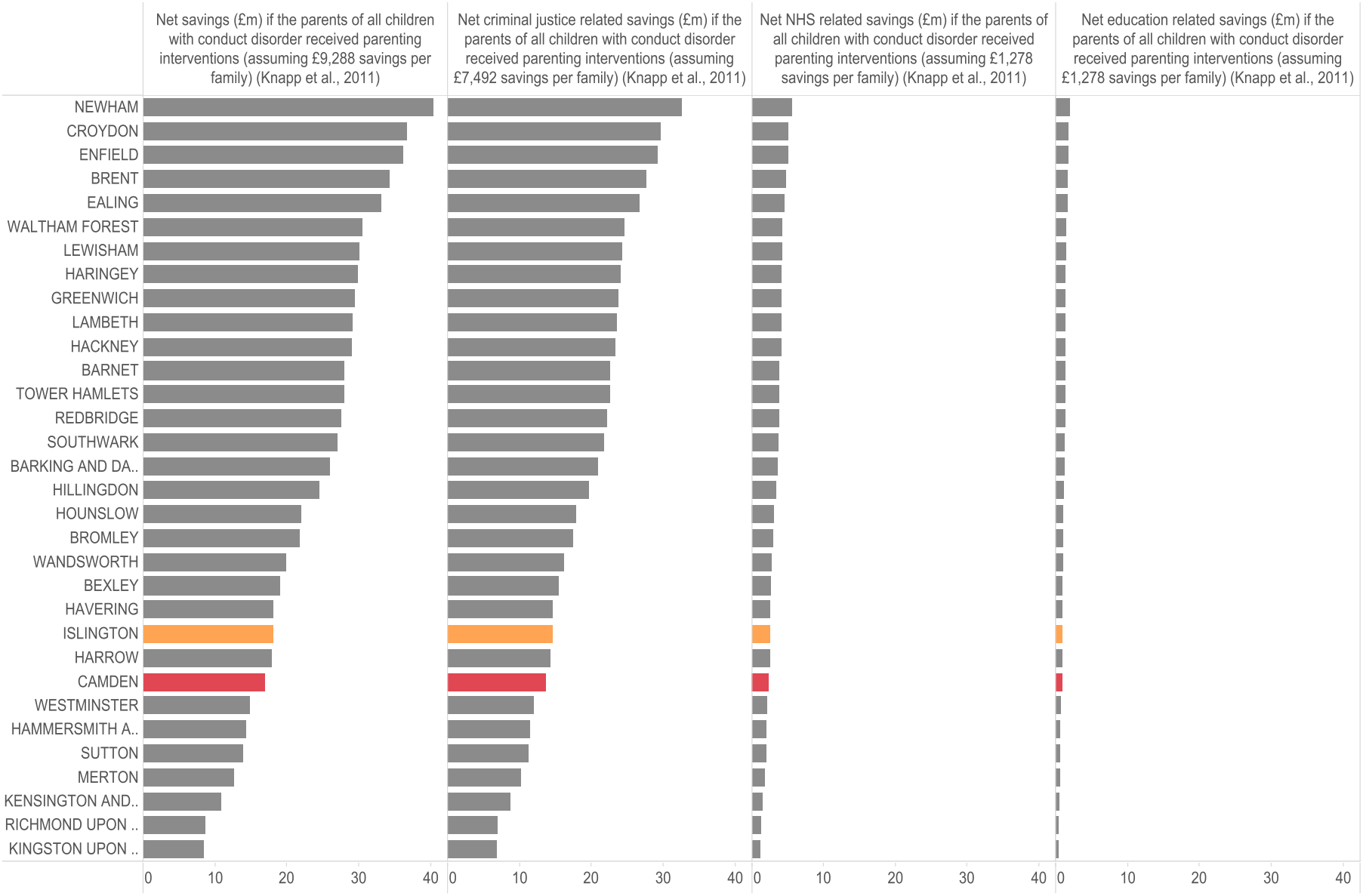

Source: Green et al, 2005; Campion & Fitch, 2012; Knapp et al, 2011

Prevention of mental disorder and promotion of mental wellbeing

Prevention and promotion

- **Address risk factors for mental disorder and promotes protective factors for mental wellbeing**
- **Particularly**
  - **Inequalities and deprivation**
  - **Violence and abuse in childhood and adolescence**
  - **Discrimination and stigma**

- **Targeting groups at higher risk**
- **Important part of sustainable reduction in burden of mental disorder**
- **Area usually outside remit of ‘health’ but within remit of public health**

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Preventing inequalities

- **Inequalities increase risk of mental disorder and underlie many other risk factors**

- **Addressing inequalities - important to prevent mental disorder and promote mental health but requires political will**

- **Mental disorder results in further range of inequalities which can be prevented by early:**
  - **treatment of mental disorder**
  - **interventions for health risk behaviours**
  - **treatment of physical illness**
  - **targeted wellbeing promotion to facilitate recovery**

Source: Campion et al, 2013

Prevention and promotion

- **Childhood and adolescence particularly important opportunity – family approach including parents**

- **Place based approaches (e.g. child centres/schools/ workplace)**
  - **Cover a large number of population at one time**
  - **Improve literacy about mental wellbeing and disorder**

- **Campaigns or social marketing of resources which improve mental health literacy and outline what people can do to promote their wellbeing**
  - **'10 Actions for Happiness'**
  - **'5 ways to wellbeing'**

Promotion of parental mental and physical health

- **Programmes to support secure attachment with parents and carers**
- **Breastfeeding support**
- **Supporting good parenting skills**
- **Home visiting programmes**
- **Preschool programmes**

Source: Campion & Fitch, 2012

Parental support programmes

- **Improved parental efficacy and practice**
- **Improved maternal sensitivity**
- **Improved child emotional/behavioural adjustment in 0-3 years**
- **Improved behaviour in high risk children** and **those with conduct problems**
- **Improved safety at home**
- **Reduced antisocial behaviour**
- **Reduced re-offending**

Source: Campion & Fitch, 2012

Home visiting programmes

- **Improve child functioning and reduce behavioural problems**
- **Reduced maternal depression**

Source: Elkan et al, 2000; Bull et al, 2004, Brugha et al, 2011

Addressing parental risk factors

- **Maternal smoking during pregnancy**
- **Post-partum support**
- **Parental mental disorder**
- **Violence/ abuse**

Source: Campion & Fitch, 2012

Prevention of child abuse

- **Parent training programmes result in reduced aggression, violence, offending, antisocial behaviour, and bullying**
- **Nurse Family Partnerships**
- **School based:**
  - **violence prevention programmes**
  - **sexual abuse prevention programmes**
  - **bullying prevention programmes**
  - **date violence prevention programmes**

- **Also addressing abuse when identified e.g. CPP**

Source: Campion & Fitch, 2012

Preschool and early education programmes

Result in improved:

- **cognitive skills**
- **school readiness**
- **improved academic achievement**
- **positive effect on family outcomes including for siblings (Anderson et al, 2003; Sylva et al, 2007)**
- **prevention of emotional and conduct disorder (Tennant et al, 2007)**

Combined programmes for preschool children from disadvantaged areas - improved parent and family wellbeing (Nelson et al, 2003)

School based mental health promotion programmes

- **Improved wellbeing, impacts on academic performance, social and emotional skills, and classroom misbehaviour (NICE, 2008; NICE, 2009)**
- **Reduced conduct problems and emotional distress (Stewart-Brown, 2006; Adi et al, 2007)**
- **More effective approaches - long term, whole school, including teacher training and parental participation (Durlak et al, 2011; Weare & Nind, 2011)**
- **Interventions for children sub-threshold disorder result in improved mental health, behaviour and social skills (Reddy et al, 2009)**

School based mental health promotion programmes

- **Meta-analysis of 270,000 students from US social and emotional (SEL) programme (Durlak et al, 2011)**
  - **reduced conduct problems and emotional distress**
  - **improved social and emotional skills, attitude about self**
  - **improved social behaviour**
  - **11% improved academic performance**

- **Peer mediation effective in promoting pro-social and behavioural skills in the long term (Blank et al, 2009)**

- **Secondary school curriculum approaches to promote pro-social behaviours and skills can also prevent development of anxiety and depression (NICE, 2009)**

Prevention of mental disorder during childhood

- **Reduced maternal smoking**
- **Home visiting programmes , Nurse Family Partnership , Surestart**
- **Parenting programmes (NICE, 2013)**
- **Pre-school programmes (Tennant et al, 2007)**
- **Universal and targeted school programmes (Horowitz and Garber, 2006; Merry et al, 2004)**
- **Penn Resiliency programme (Brunwasser & Gilham, 2008)**

Prevention of alcohol, smoking and drug misuse

- **School based mental health promotion can reduce range of health risk behaviours (WHO, 2006)**
- **Price and availability of alcohol (NICE, 2010)**
- **Alcohol; guidelines exist for prevention and reduction of alcohol use in children and young people (NICE, 2007)**
- **Prevention of uptake of smoking in children/ young people (NICE, 2008, 2010)**
- **Drug misuse; NICE reviews exist for prevention and reduction of substance misuse among young people (McGrath et al, 2006; Jones et al, 2006)**

Note several fold increased level of substance misuse in children/ adolescents with mental disorder (Green et al, 2005)

Screen time reduction

- **Screen time associated with poor wellbeing (Sigman, 2012)**
- **Daily average of more than 6 hours outside school (Ofcom, 2012)**
- **Advice/ information to parents:**
  - **Encourage no screens in children's bedrooms**
  - **Advice to parents of younger children to choose screen material with a slower pace, less novelty and more of a single narrative quality**
  - **Monitor and control the time their children spend on hand-held computer games/media**

Work and social promotion interventions

- **Important impact on parents which impact on family**
- **Work based mental health promotion programmes improves**
- **Social relationships important protective factor for wellbeing. Interventions to enhance social capital include:**
  - **Mentoring**
  - **Timebanks**
  - **Adult education**
  - **Volunteering**
  - **Art**
  - **Mindfulness/ spiritual/ religious**
  - **Physical activity**

Source: Campion & Fitch, 2012; Knapp et al, 2011

Other promotion interventions

- Good housing and supported housing
- Interventions to ensure adequate heating
- Physical activity - improves depression and well-being (NICE, 2009), cognitive performance in children (Sibley and Etnier, 2003)
- Active travel
- Neighbourhood interventions
- Safe green community space
- Activities including learning, active leisure, volunteering, arts
- Positive psychology interventions
- Mindfulness interventions

Source: Campion & Fitch, 2012

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Examples of cost effective prevention and promotion interventions

- School based bullying prevention £14
- Prevention and addressing child abuse
- Prevention of conduct disorder through school based social emotional programmes £84
- Work based mental health promotion programmes result in net savings of £10 for each £ spent
- School based violence prevention programmes
- Suicide prevention £44

- Possible to reframe as
  - Cost of not providing
  - Savings from population coverage

Source: Knapp et al, 2011; Campion et al, 2014

Estimated net savings arising from school and workplace based interventions to promote mental health by London borough

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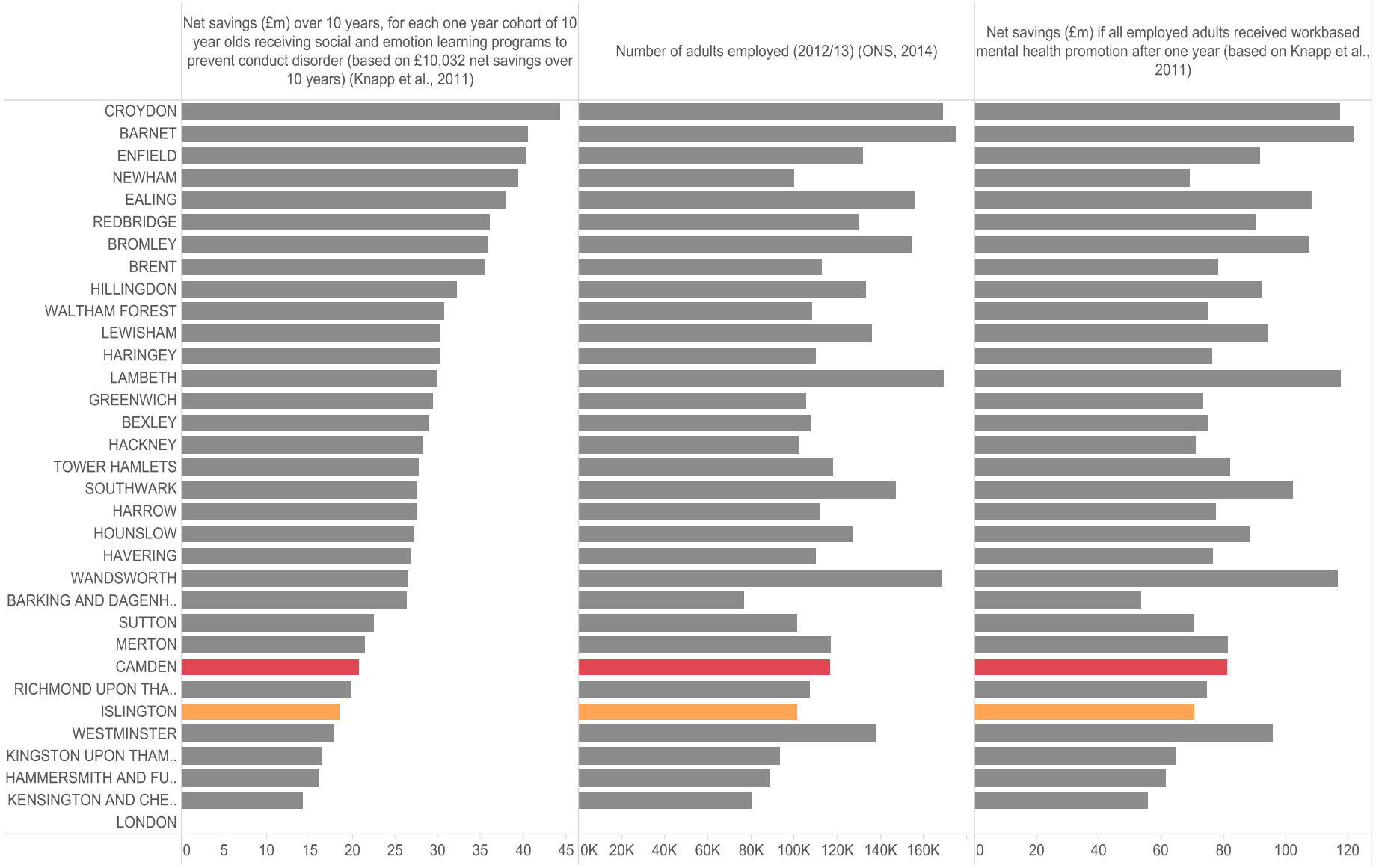

Source: Knapp et al, 2011

6) Public mental health implementation gap

Implementation gap for treatment of mental disorder

- **Despite evidence based interventions, only a minority with mental disorder in UK except psychosis receive treatment (Green et al, 2005; McManus et al, 2009)**
- **Across EU, 10% of people with mental disorder receive notionally adequate treatment (Wittchen et al, 2011)**
- **Far less coverage in lower and middle income countries**
- **Represents systematic contravention of rights to health and huge lost human potential**
- **But accepted in a way that would not occur for other disease areas – not appropriate to deny access to treatment**

UK proportion of children and adolescents receiving any intervention for mental disorder

Conduct disorder

- **28% parents - advice from mental health specialist**
- **24% from special educational services such as psychologists**

Emotional disorder: 29% of parents had contacted primary care health professionals

Symptoms/ impairment undetected in

- **55% of children with autism**
- **57% of Aspergers**

Source: Green et al, 2005 ; Russell et al, 2010

Implementation gap to prevent mental disorder and promote mental wellbeing

- **Even greater lack of access to interventions to prevent mental disorder and promote mental wellbeing despite – 0.03% of mental health budget in England despite prominence in policy**

- **Contrast to areas such as cancer and cardiovascular disease which invest in action to address associated risk factors**

- **People with mental disorder also lack access to physical health care or interventions for health risk behaviour**
- **Next slide highlights example of child abuse**
  - **Could be addressed through more coordinated action between interventions from schools and social services**
  - **Only a minority of children experience sexual abuse receive any intervention**

Proportion of sexually abused children receiving intervention by London borough

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Source: Bebbington et 2011; DfE 2014

Impact of public mental health implementation gap

- **Results in broad range of associated:**
  - **Human suffering to individuals and families**
  - **Impacts (outlined earlier) including on mental wellbeing**
  - **Lost potential**
  - **Economic costs even in the short term**

- **Since majority of life time mental disorder arises by mid 20's, this gap disproportionately affects children and adolescents**

- **Impacts continue over a large part of life course**

Source: Campion & Fitch, 2012

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Why such a large public mental health implementation gap?

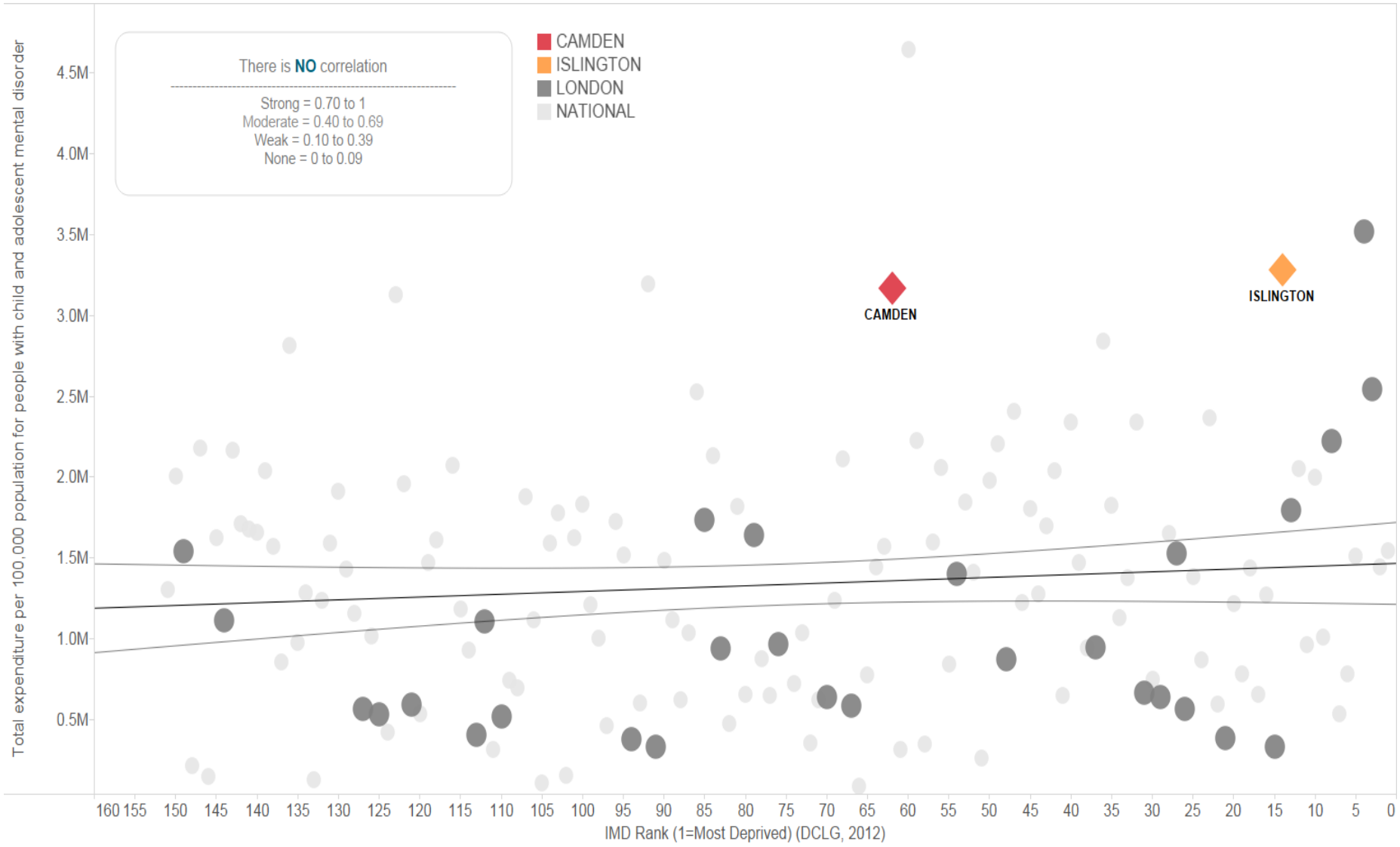
- **Lack of mental health policy in 40% of countries (WHO 2011)**
- **Systematic discriminatory attitudes towards mental health**
- **Inadequate allocated resources**
- **Lack of knowledge/use of:**
  - **Numbers affected by mental disorder/ poor wellbeing**
  - **Associated impacts including in areas outside health**
  - **Associated costs**
  - **Impact of evidence based interventions**

England spend on mental disorder

- **Annual cost of mental disorder to England economy: £105 billion (CMH, 2010)**
- **£11.2 billion spend on treatment of mental disorder in England in 2012/13 DH (2014) = 11% of NHS budget – 2% reduction announced in Dec 2013**
- **Only 6.2% of the mental health budget in England is spent on children and adolescents despite half of lifetime mental disorder arising by age 14**
- **But 30.3% of burden of disease in UK due to mental disorder**

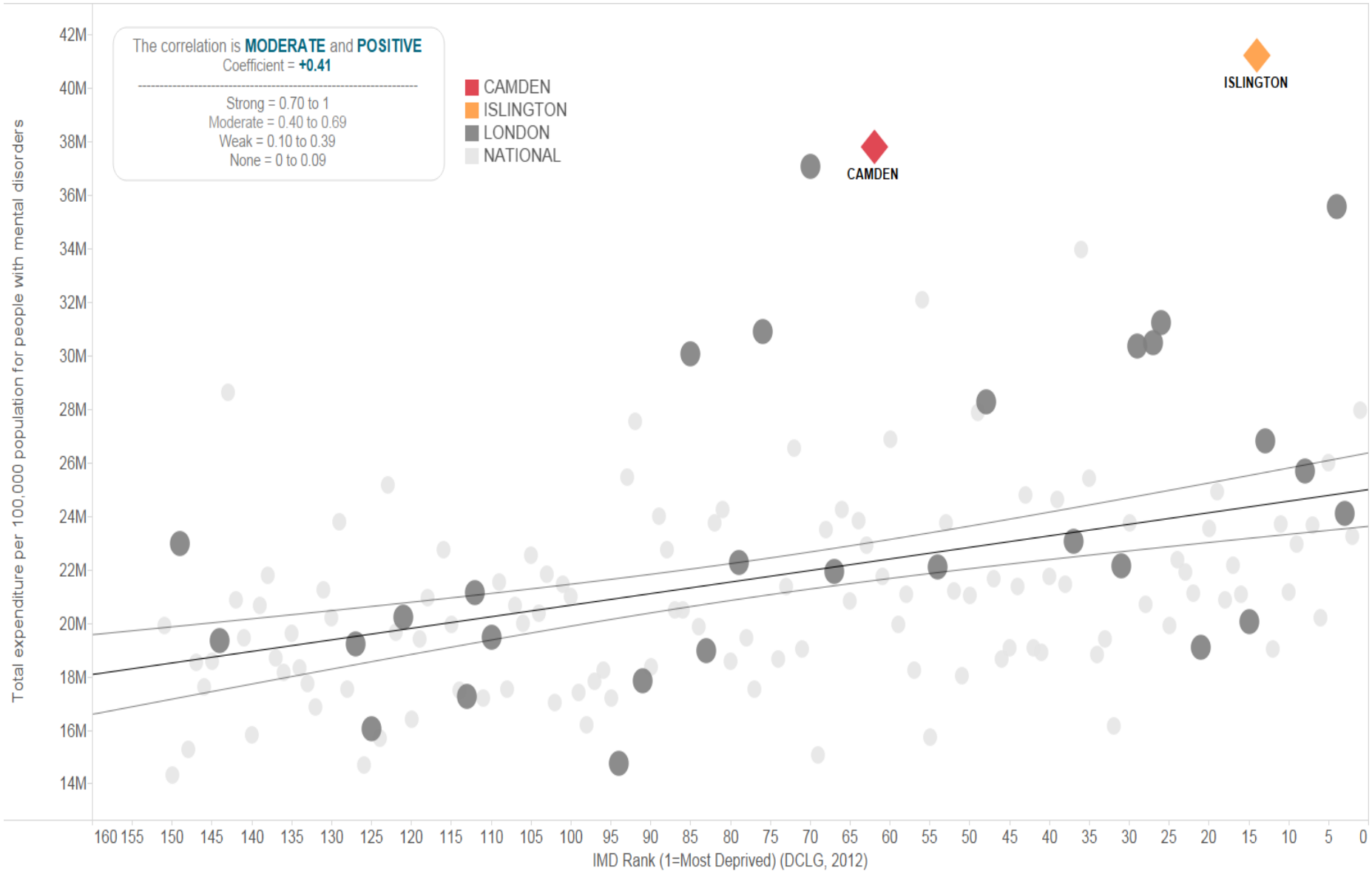
- **Note £3m annual national spend on adult mental health promotion = 0.03% of mental health budget (DH, 2013) and lack of available public health spend figures**

Total expenditure (£M) per 100,000 population for child and adolescents with mental disorder vs. deprivation (2012/13)



Source: NHSE, 2014

Total expenditure (£M) per 100,000 population for adults with mental disorder vs. deprivation (2012/13)



Source: NHSE, 2014

Lack of public mental health intelligence

- **In England, needs assessments inform actions which local partners need to take to improve the health and wellbeing of their population (DH, 2012)**

- **Needs assessments brought together by public health**

- **However, mental health poorly covered in needs assessments (Lavis and Olivia, 2013; Campion & Coombes, in press) due to**
  - **Lack of clear structure for required PMH intelligence**
  - **Lack of training about mental health**
  - **Time consuming to bring together**

7) Some recent work in England to improve access to and use of public mental health intelligence

JCPMH public mental health commissioning guidance

- **Endorsed by Association of Directors of Public Health, Royal Society of Public Health and Local Government Association (Campion & Fitch, 2012 and updated in August 2013)**
- **Brings together different local PMH intelligence**
  - **Level of risk and protective factors**
  - **Numbers from higher risk groups**
  - **Levels of mental disorder and well-being**
  - **Numbers/ proportion receiving effective PMH interventions – includes summary of effective PMH iterventions**
  - **Outcomes of PMH interventions**
  - **Economics**
    - **Cost of mental disorder**
    - **Spend on PMH interventions**
    - **Economic savings of PMH interventions**
- **Informs need assessments, strategic development and commissioning**

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Regional application of PMH commissioning guidance

- **Work with public health department in East of England to apply JCPMH public mental health commissioning guidance to their 700,000 population**

- **Included collection of local data not available in nationally available datasets**

- **Presentation of findings to a range of local stakeholders including Health & Wellbeing Board, commissioners and police commissioner**

Impacts of regional application of PMH guidance

Highlighted local

- **Level, impact and cost of mental disorder**
- **Coverage and outcomes of PMH interventions**
- **Spend on PMH interventions**
- **Size of savings from PMH interventions and where accrue**
- **Size, impact and cost of PMH intervention gap**

Informed and influenced

- **Local priorities – mental health made the key overarching priority**
- **Strategic development**
- **Service specs**
- **Commissioning**
- **Investment by other agencies e.g. police offer to support parenting interventions**

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Lessons from regional application of PMH guidance

- **Value in providing local mental health needs assessments**

- **Time intensive to bring together PMH intelligence including from local sources**

- **Opportunity to:**
  - **Bring together all relevant and most recent public mental health intelligence data in a single place**
  - **Communicate and translate local PMH intelligence**
  - **Facilitate inclusion of local PMH intelligence in needs assessments and commissioning cycles**
  - **Facilitate more coordinated cross-sectoral response to mental health at different levels – treatment/prevention/promotion**
  - **Reduce the implementation gap**

UCLPartners Mental Health Informatics platform

- **Over past year, further development of JCPMH guidance**

- **UCLP mental health informatics platform incorporates**
  - **All nationally available mental health relevant datasets in England**
  - **Regular updates**
  - **Local intelligence not available from such datasets**
  - **Analysis and interpretation**
  - **Working with local partners to facilitate translation**
  - **Engaging wider community involvement – Ten questions for your council. The Mental Health Challenge**

- **Supports provision of comprehensive local public mental health needs assessment**

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UCLPartners mental health informatics platform

- **Whole system approach including primary care, secondary care, public health, social care, other providers**
- **Benchmarks data against**
  - **Other local authorities, region and national levels**
  - **Deprivation**
- **Examines interaction between different sectors e.g. primary and secondary care**
- **Identifies key local opportunities to treat mental disorder, prevent mental disorder and promote mental wellbeing**
- **Facilitates transparency, accountability and improved coverage**
- **Supporting number of local authorities covering population of more than 4 million population**

Four types of assessment

1) Mental disorder treatment needs assessment

2) Secondary mental health care assessment

3) Mental disorder prevention needs assessment

4) Mental wellbeing promotion needs assessment

1) Mental disorder treatment needs assessment

- **Estimated local levels/numbers with different mental disorder including from higher risk groups**
- **Numbers/ proportion receiving treatment in primary/secondary care and associated outcomes**
- **Local costs of mental disorder**
- **Local spend on mental disorder treatment**
- **Local economic savings if all with different mental disorder received interventions including origin/time span of savings**

2) Secondary mental health care assessment

- Access to secondary mental health services
- Hospital admissions for mental disorder
- Bed occupancy/discharges from secondary care
- Detention under the Mental Health Act
- Levels of Community Treatment Order and outpatient attendance
- People on Care Programme Approach (CPA) receiving secondary mental health services
- Secondary care associated harm
- Patient, carer and staff experience of secondary mental health
- Provision of social service support for people with mental disorder

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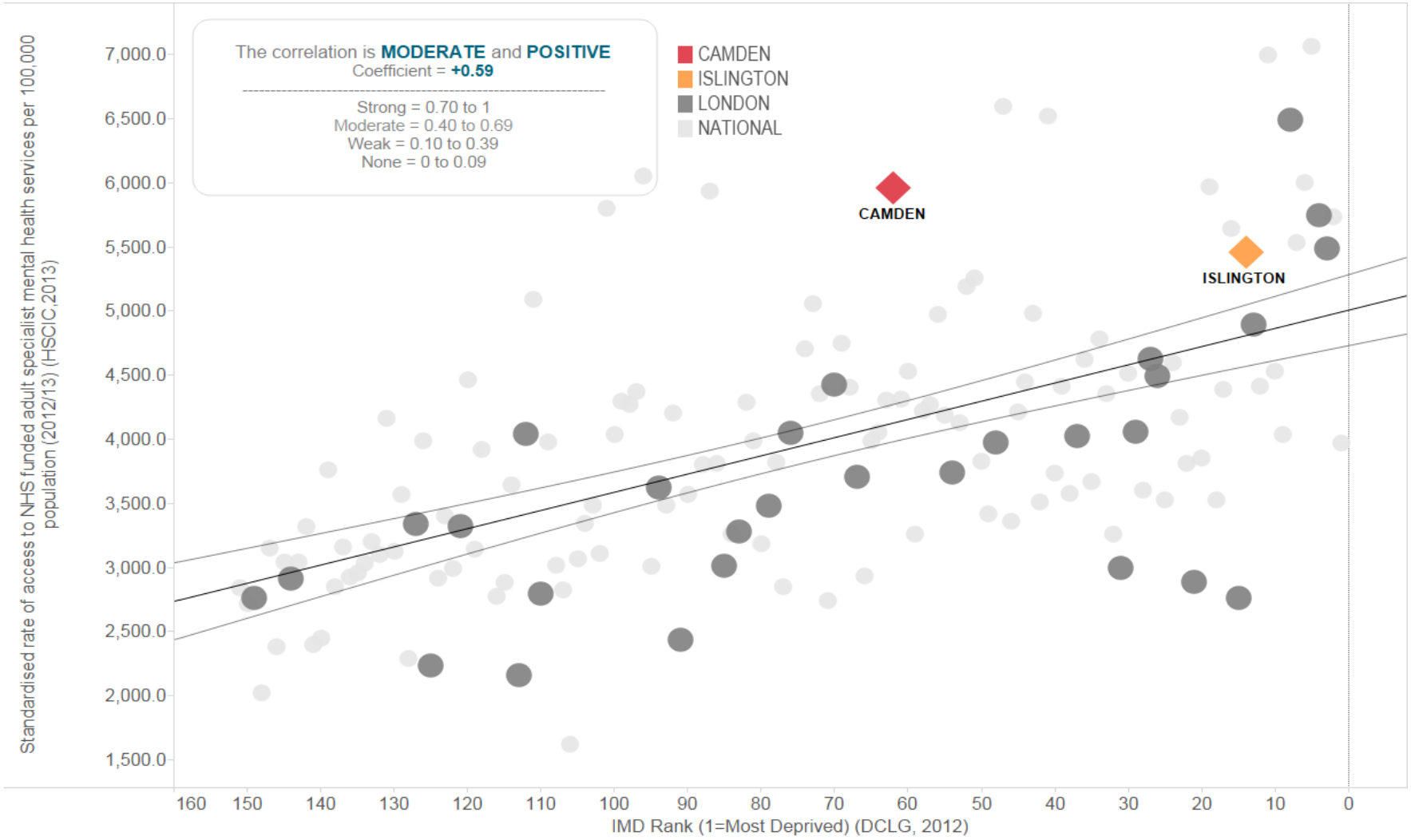
Rate of access to NHS funded adult specialist mental health services per 100,000 population vs. deprivation



Source: HSCIC, 2013

3) Mental disorder prevention needs assessment

- **Level of risk factors for mental disorder**
- **Numbers from higher risk groups**
- **Numbers receiving intervention to address risk factors**
- **Spend on interventions to prevent mental disorder**
- **Economic savings from interventions to prevent mental disorder including origin/time span of savings**

4) Mental wellbeing promotion needs assessment

- **Level of protective factors for mental wellbeing**
- **Levels of mental wellbeing**
- **Numbers receiving intervention to promote mental wellbeing including in higher risk groups**
- **Spend on mental wellbeing promotion**
- **Economic savings from interventions to promote mental wellbeing including origin/time span of savings**

Impacts of public mental health intelligence

- **Transparency and accountability**
- **Facilitates whole system approach**
- **Informs strategy development, priority setting and commissioning**
- **Facilitates investment, greater implementation and coverage of public mental health interventions**
- **Prioritises mental health across sectors**
- **Supports evaluation of impact of interventions on population mental health**

Summary

Summary

- **Mental disorder and mental wellbeing have broad range of impacts across different sectors and policy areas**
- **Majority of mental disorder and poor wellbeing arises before adulthood**
- **Public mental health interventions improve mental health through wellbeing promotion, mental disorder prevention and early intervention for mental disorder**
- **Result in broad range of short and long term impacts across a range of sectors/ policies with associated economic savings**
- **Greatest potential impact in children and adolescents**
- **Lack of implementation of such interventions result in long term impacts and costs in different sectors**

Summary

- **Mental health - key part of any policy**
- **Taking account of mental health improves outcomes of every policy**
- **EU Joint Action on Mental Health includes work package 'Mental health in all policy' and 'Mental health in schools'**
- **Effective promotion and prevention requires**
  - **interventions targeted in a universally proportionate way**
  - **taking account of need**
  - **delivered through a sustained and coordinated approach**

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Summary

Local application of public mental health intelligence facilitates:

- **Whole system approach to mental health**
- **Coverage of mental health in local needs assessment**
- **Transparency of size, impact and cost of local public mental health intervention gap**
- **Priority setting and local action/ accountability to address the gap**
- **Improved coverage and investment of public mental health interventions**
- **Proportionate local targeting and monitoring of access/ outcomes for higher risk groups**
- **Improved coordination between sectors**
- **Assessment of broad range of impacts and associated economic savings**

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References and contact

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- **Campion J (2013) Public mental health: The local tangibles. The Psychiatrist 37: 238-243** http://pb.rcpsych.org/content/37/7/238.full.pdf+html
- **Ten questions for your council. The Mental Health Challenge**

- **UCL/ NCCMH two public mental health course 16/17 Feb 2015**

- **Email: j.campion@ucl.ac.uk Jonathan.Campion@slam.nhs.uk**