Mental Health in Public Health: policy context and the new public health system

Gregor Henderson
Public Health England Transition Team
Mental health, mental wellbeing

Mental health is an **integral component** of health, a state of wellbeing in which the individual realises his or her own abilities. (WHO 2001)

... is not simply the absence of mental illness, but the **foundation for wellbeing** and the effective functioning of individuals and communities. (WHO 2005)

... is a **resource** which enables (citizens) to realise their intellectual and emotional potential and find and fulfill their roles in social, school and working life. (EC 2005)
Overview of policy context

**Mental Health**
- *Healthy Lives, Healthy People (2010)* public health strategy giving parity of esteem to mental as well as physical health
- Cross-government outcomes strategy for mental health ‘*No health without mental health*’ published February 2011
- Public Health Outcomes Framework includes several mental health, mental illness, suicide and self harm indicators (January 2012)
- Mental Health Strategy Implementation Framework (July 2012) includes reference to the role that PHE will play
- Preventing Suicide in England, new cross-government strategy (Sept 2012)

**Wellbeing**
- Launch of national measuring wellbeing programme taken forward by Office of National Statistics (November 2010)
- *Healthy Lives, Healthy People (2010)* – wellbeing features strongly
- ONS consultation on wellbeing measures January 2011 and on domains of wellbeing including health
- Public Health Outcomes Framework includes measure of wellbeing as one of health improvement indicators
- Cabinet Office sets up Wellbeing Policy Steering Group May 2012 to coordinate work across Whitehall, give leadership to and drive wellbeing in policy
- ONS national measuring wellbeing results published July 2012
Healthy Lives Healthy People (2010)
Public Health White Paper

- Responsibility for health and well-being needs to be shared across society
- Addressing inequalities and the root causes of people’s circumstances is crucial
- Self esteem, confidence, resilience, control have an important impact on our health and behaviour
- Mental and physical health should be integrated
- Psychological explanations of why people behave as they do can contribute to public health
No Health Without Mental Health (2011)
Cross Government Mental Health Strategy

6 Objectives

– More people will have good mental health
– More people with mental health problems will recover
– More people with mental health problems will have good physical health
– More people will have a positive experience of care and support
– Fewer people will suffer avoidable harm
– Fewer people will experience stigma and discrimination

Parity of Esteem
Mental Health Implementation Framework (July 2012)

• Mental health has parity of esteem with physical health within the health and care system
• People with mental health problems, their families and carers, are involved in all aspects of service design and delivery
• Public services improve equality and tackle inequality
• More people have access to evidence based treatments
• The new public health system includes mental health from day one
• Public services intervene early
• Public services work around people’s needs and aspirations
• Health services tackle smoking, obesity and co-morbidity for people with mental health problems
• People with mental health problems have a better experience of employment
• We tackle the stigma and discrimination faced by people with mental health problems
Mental Health Implementation Framework
Contribution of Public Health England

• Contribute to meet the mental health and wellbeing requirements of the Public Health Outcomes Framework.
• Improve the collection and integration of data on wellbeing, mental health, mental illness, suicide and self-harm
• Support local work to assess mental health and wellbeing needs
• Collect and disseminate evidence of what works in public mental health and in addressing health inequalities,
• Help build capacity and capability across the wider and specialist public health workforce in understanding and integrating mental health and wellbeing into public health.
• Deliver health protection that take account of the mental health and psychological effects of significant health incidents and emergencies,
• PHE will support work on suicide prevention, as one of the key public health challenges in improving mental health and wellbeing,
• Integrate mental health and wellbeing into campaigns and communications.
Mental Health Implementation Framework

Next Stages

• Measuring Outcomes – the strategy and the three outcomes frameworks (nhs, public health, social care) and Children’s outcomes (to be announced early in 2013)

• National Mental Health Dashboard to be published (Spring 2013)
Promotion of good mental health, mental wellbeing – social, emotional, psychological – across lifestages and lifestyle

Prevention of mental illness, early actions and interventions

Improve the health, quality of life and wellbeing for those living with and recovering from mental illness (jobs, homes, friends, social networks, income)

Addressing inequalities as a cross cutting theme
Public Health System 2013

- DH – to set public health policy and PHOF
- PHE – to support delivery (through LG and the nhs, and other partners) and links to NHS CB
- Local Health and Wellbeing Boards (links to CCGs) – JSNAs and Hand WBg Strategies
- Local Government – local public health delivery – statutory duty to improve health
Mental health and wellbeing - Issues

Challenges
- Mental health and wellbeing have been poorly understood as public health issues
- Under developed in terms of capacity and leadership in public health
- Data, intelligence and evidence require further development and investment
- Mental health has traditionally been focused on care, treatment and support, this needs to continue but go further into other arenas – housing, employment, social networks, criminal justice, education etc
- Wellbeing not immediately seen as a key public health priority – emerging work looks promising

Opportunities
- An emerging agenda (national focus, local work)
- Focus on assets and capabilities
- Community involvement and engagement
- Shift towards integrated wellness services – driving improvements in ‘physical’ health and behaviour change
- Addressing social determinants and inequalities
- Improved health and wellbeing for people living with and recovering from mental health difficulties
- Plays to strengths of local government’s wider agendas
The new public health system

- leadership role for local authorities and partners
- supported by a new integrated public health service, Public Health England
- working alongside the NHS, with its continuing role of promoting health through clinical services. And other agencies and sectors
- stronger focus on health outcomes, supported by the Public Health Outcomes Framework
- public health as a clear priority for Government, backed by ring fenced resources
Public Health England has been established to protect and improve the nation’s health and wellbeing, and to reduce health inequalities.

Public Health England will provide national leadership for the delivery of improved public health. Working with key delivery partners including local government, and the NHS, to secure improved health outcomes. PHE will:

1. provide the evidence and intelligence
2. work through partners and directly with the public to promote healthier lifestyles
3. act as an advocate for the public’s health
4. monitor the public health outcomes framework
5. provide a nationwide service to protect the public from threats to health
6. programme of research in support of protecting and improving health
Taking Shape: Nationwide presence

Region
North of England
- North East
- Cumbria and Lancashire
- Yorkshire and the Humber
- Greater Manchester
- Cheshire and Merseyside

Midlands and East of England
- Lincolnshire, Leicestershire, Nottinghamshire and Derbyshire
- West Midlands
- Norfolk, Suffolk, Cambridgeshire and Essex
- Bedfordshire, Hertfordshire and Northamptonshire

London integrated region and centre

South of England
- Sussex, Surrey and Kent
- Thames Valley
- Hampshire, Isle of Wight and Dorset
- Devon, Cornwall and Somerset
- Avon, Gloucestershire and Wiltshire

Centre
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
Eight Network Team areas

- **Knowledge and intelligence teams** (drawing on capacity from the public health observatories and the cancer registries) providing analytical and knowledge management support and advice to PHE and partners.

- **Cancer registration and NDTMS teams** collecting and quality assuring data from service providers.

- **Quality Assurance teams** for cancer and non-cancer screening (based on QARCs, and a new function for PHE) assuring safe and effective screening for a range of diseases.

- **Network teams**: all the above, plus colleagues in Regions and Centres as appropriate, within a particular geographical area cooperating and collaborating on corporate aspects (e.g. estates, IT), resources (e.g. shared administrative support) and/or specific projects (e.g. children and maternity; liver disease etc.)
PHE Main Functions

Health Protection

Health Improvement and Population Health

Knowledge and Intelligence
Health Improvement and Population Health

**National level**
- Providing an authoritative voice on improving England’s health and addressing health inequalities
- Advising Government on delivery of policy and strategy for public health, health improvement and population health
- Acting as an intelligent customer for the Directorate for the Chief Knowledge Officer – advocating customer needs in the development of national K&I tools to ensure they are fit for purpose and responsive to local need
- Leading development of social marketing & behaviour change campaigns, and pioneering social media tools to engage, educate and mobilize partners and the public
- Innovation in health improvement delivery and behavioural insight intelligence and analysis achieve improved outcomes
- Co-producing means [meaning?] for sector-led improvement
- Supporting, evaluation and dissemination of promising practice & its contribution to Governments research agenda
- Learning from and contributing to international experience and research
- Supplying information to support implementation of the NHS Change Model framework

**Support to the local delivery system via PHE Centres**
- Supporting quality and impact of local system delivery by putting evidence into practice as ‘marketers’ of PHE’s knowledge and Intelligence products including user-friendly comparative data
- Providing authoritative advice and support for locally-led improvement
- Facilitating professional networks and robust evaluation of practice to inform the continued development of the evidence base
- Commissioning expert support services from other organisations where this is more efficiently provided at a level above the local
- Learn from/share local innovation especially how this informs PHE at national level
LOCAL - Health and Wellbeing Boards

• Joint Strategic Needs Assessment (includes asset mapping)
• Joint Health and Wellbeing Strategies
• Key Local Priorities – and links to Outcome Frameworks
• Links to Clinical Commissioning Groups
• Local Public Health Departments – links to wider LA functions and Primary Care and Communities
Mental Health in Public Health Objectives

• To improve the mental health and wellbeing of the whole population
• To prevent mental health problems and suicide for populations at risk
• To improve healthy life expectancy, quality of life, health and wellbeing of people living with mental illness
Public Health England’s contribution in four key areas:

1. **Health Protection** - emergency response, psychological preparedness, community resilience - improved capacity

2. **Knowledge and Intelligence** – National Mental Health Intelligence Network to be established from April 2013, public health outcomes framework baseline figures and evidence reviews ready to launch

3. **Health Improvement and Population Health** – Key posts and portfolio programme briefs; integrated working across life stages, lifestyles, social determinants and addressing inequalities, social marketing and behaviour change

4. **Corporate contribution** – Wellbeing as an emerging transformational approach for public health delivery, PHE as a healthy employer, international contribution
Possible PHE Early Priorities

- Premature mortality – physical health of people with mental illness
- A contributing life – jobs, homes, friends and social networks, income
- Children and young people – early years, prevention, school based
- Working life
- Older age – combatting isolation
- Suicide prevention
Some Suggested Early Priorities

• Ensure mental health addressed within mandated public health services (NCMP, Health Checks, Sexual Health Services)
• Incorporate mental health and wellbeing into Making Every Contact Count
• Lead the development of integrated wellness services incorporating all lifestyle services;
• Communicate public messages for mental health and wellbeing through social marketing;
• Lead on innovation in relation to asset based approaches and on building social relationships and reducing isolation as a key determinant of health
• Provide leadership to the established system including suicide prevention networks; wellbeing at primary care level
• Proactive leadership on high impact focus areas where evidence is good: early years, parenting, schools, workplace,
Suggested actions: Knowledge & Intelligence

• To establish mental health and wellbeing intelligence network to drive up standards and effective use of data, information and intelligence in decision-making

• Based on experience of National Cancer Intelligence Network
Suggested actions: Knowledge & Intelligence

• Data
  – produce framework of data that describes population mental health and wellbeing status
  – tools and guidance to measure mental health and wellbeing

• Intelligence
  – application of data into practice, analysis, benchmarking, interpretation, return on investment tools, modelling, impact assessment

• Evidence:
  – collecting and disseminating evidence based practice eg 5 evidence reviews
  – developing new evidence and influencing the research agenda
Some Issues

- Integrated approaches
- Life stages
- Mental Health and Wellbeing – together, with mental health a key element of overall wellbeing
- High Impact Priorities – what are they? (evidence, impact, short term gains)
- Language and definitions
- Capacity and capability
- Leadership
Next Steps

- Engagement and consultation

- PHE ‘offer’ – proposed work plans and programme briefs

- Mental health in public health stakeholder event in February

- Publication of 5 evidence reviews – April?
Thank you

Gregor.henderson@dh.gsi.gov.uk