No Health without Mental Health

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No health without mental health

A cross-government mental health outcomes strategy for people of all ages
What is it?

A twin track approach:

• Improving the mental health and wellbeing of the population and keeping people well; and

• Improving outcomes for people with mental health problems through high quality services that are equally accessible to all
What is it?

• An ambition to mainstream mental health and achieve ‘parity of esteem’ with physical health
• The aim for mental health to be ‘everyone’s business’ – all of Government to do what only government can do with , employers, education, third sector, local authorities and communities
A life course approach

50% of lifetime mental health problems have already developed by the age of 14.
Self defined recovery

• less distress, improved relationships, social function, education employment and purpose.

• A cross sector and cross government response
New architecture
Focus on outcomes
No health without mental health

6 shared 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
Objective 1

More people will have good mental health

- starting well
- developing well
- living well
- working well
- ageing well.
Starting well

• Having a good start in life and positive parenting are fundamental to good mental health and wellbeing and to resilience to adversity throughout life.
• Importance of good peri-natal care
• Importance of early parenting
• Number of local interventions e.g. sure start Family Nurse Partnerships
• Number of central initiatives e.g. health visitors, families with complex problems
Developing well

- Those who experience negative parenting and poor quality relationships;
- those who suffer four or more “adverse childhood experiences”;
- those in contact with the youth and adult criminal justice systems – 80% of crime is committed by adults who had a conduct problem as children;
- those under achieving in school; and
- looked-after children and early school leavers.

- Local initiatives e.g. school based programmes, healthy behaviours
- National initiatives e.g. families with complex problems, Byron review.
Living Well

- 5 ways
- Alcohol and drugs
- Physical activity
- debt and housing
- Volunteering
- Violence and abuse
- Social capital
Working Well

• Nice guidance
• Dame Carol Black report
• DH website Working for mental health:
• www.workingformentalhealth/dh.gov.uk
Ageing well

• Social isolation
• Continued learning
• Support for carers
• Warm homes
• Physical activity and physical health
Objective 2: More people with mental health problems will recover

- Early identification and interventions across all age groups
- Equity of access to comprehensive high quality services for ALL including the most disadvantaged e.g. homeless, BME groups and other protected characteristics
- Care and support built around outcomes that matter to individuals and their families
- Choice of age and developmentally appropriate settings and evidence based interventions. i.e. children and young people adults and older people
- Ensure people with severe mental health problems receive high quality care and treatment in the least restrictive environment
- Work with whole family using whole family assessment and support where appropriate
- Supporting recovery pilots, housing and employment
- Improving mental health in offenders of all ages
- Personality disorder
- Service personnel and veterans
Objective 3: More people with mental health problems will have good physical health

Integrated approaches to:

- increased physical morbidity and mortality in people with mental health problems e.g. access to smoking cessation
- Increased mental health problems in those with long term physical health problems
Objective 4: More people will have a positive experience of care and support

- Choice and control
- Age and developmentally appropriate
- Least restrictive
- Human rights respected
- Timely evidence based interventions
Objective 5: Fewer people will suffer avoidable harm

Improved services will result in:

• Fewer people suffering avoidable harm from the care and support they receive
• Fewer people harming themselves
• Fewer people suffering harm from people with mental health problems
• Further progress on safeguarding children, young people, and vulnerable adults.
Objective 6: Fewer people will experience stigma and discrimination
Promoting equality and reducing inequality

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
A new outcomes approach

• An Outcomes strategy

• This strategy describes the links to existing outcomes for the NHS, and the proposed outcomes in the adult social care and public health outcomes frameworks

• It describes potential measures for local commissioners, GP consortia and Health and wellbeing board to measure progress.
NHS Outcomes framework

- Reducing premature death in people with serious mental illness
- Enhancing quality of life for people with mental illness (employment)
- Enhancing life for carers
Public Health Outcomes framework

Examples of proposed indicators:

• Employment in people with mental health problems
• Rates of admission as a result of self harm
• Self reported wellbeing
• Child development at 2-2.5 years
• Smoking rate in people with mental health problems
• Suicide rates
Adult Social Care Outcomes framework

- Delayed transfers of care
- Settled accommodation and employment in people with mental illness
- Proportion of carers involved in discussions etc.
Mental Health Strategy Advisory Groups

Cabinet Sub-committee on Public Health

Health and Criminal Justice Board (DH and MoJ) chaired by David Behan

Mental Health Strategy Ministerial Advisory Group

Departmental Co-ordinating group

Cabinet Committee on Social Justice

Ministerial advisory group on equality in mental health

Mental Health Strategy work streams

Public Mental Health Suicide Prevention

Offenders

Other work streams

DH Equality and Diversity Council

Equalities e.g. BME age physical and mental health
Implementation

At local level there is little evidence that the strategy is being actively implemented. There is considerable evidence that the agenda is being dominated by cuts and reorganisations and uncertainty. There are exceptions and examples of innovative practice locally and nationally. A number of opportunities are recognised but there is also a great deal of concern.
The Joint Commissioning Panel for Mental Health

• The work is aimed at the NHS Commissioning Board, GP Consortia, Clinical Commissioning Groups and Health and Well-being boards.

• This has now produced several service descriptors for consultation for:
  • Primary Care, Liaison services, CAMHS Transition, Dementia and Learning Disability with further ones planned.

• The work has an expert reference groups including users and carers.

• The descriptors do include specific sections on implementation of the strategy. The panel is working with the East of England Commissioning Pilot. It is also linking with work in the West Midlands which is exploring whether Reed Codes can be used in Primary care to target primary prevention work.

Strategy and supporting documents

- Delivering Better Mental health Outcomes
- The economic case for improving efficiency and quality in mental health
- Assessment of Impact on Equality
- Talking therapies: a four year plan of action
- Impact Assessment
Where to find all documents

• www.dh.gov.uk/mentalhealthstrategy
A Call to action
Launch
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Cabinet Sub-committee on Public Health

Cabinet Committee on Social Justice

Mental Health Strategy Ministerial Advisory Group

Ministerial advisory group on equality in mental health

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