

DRAFT PUBLIC MENTAL HEALTH STRATEGY

To: Health Committee

Meeting Date: 12th March 2015

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: **Key decision:** No

Purpose: To provide the Committee with a draft public mental health strategy for consultation.

Recommendation: The Committee is asked to agree the draft strategy for consultation.

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1. BACKGROUND

- 1.1 It was agreed at the Health Committee meeting on 10th July 2014 that there should be a public mental health strategy, that a scoping paper should come to the October meeting of the Committee, and that a final version of the strategy should be completed for consultation in March 2015.
- 1.2 Population mental health is a significant issue for a variety of reasons:
- Mental illness is the largest single cause of disability and represents 23% of the national disease burden in the UK. It is the leading cause of sickness absence in the UK, accounting for 70 million sick days in 2013.
 - Mental illness costs the UK economy £70-100 billion per year; 4.5% of Gross Domestic Product.
 - People with severe mental illness die on average 15-20 years earlier than those without, often from avoidable causes.

Vision and Aims of the Strategy

- 1.3 Through collaborating with a wide range of partners, the strategy will work to improve public mental health with the aim of achieving:
- a) A common understanding of what it means to improve public mental health.
- b) Maximising opportunities to promote mental health and prevent mental illness within Cambridgeshire through:
- Taking a life course approach to promoting mental health
 - Promoting a more holistic approach to physical and mental health
 - Integrating mental health into all aspects of our work
 - Developing a wider environment that supports mental health including tackling stigma.

What is Public Mental Health?

- 1.4 The Royal College of Psychiatrists state that:
'Public mental health focuses on the wider prevention of mental illness and promotion of mental health across the life course...There is no public health without public mental health'.
- 1.5 In this strategy we use the World Health Organisation (WHO) Public Mental Health Framework (WHO, 2013), as recently recommended by the Chief Medical Officer (CMO) in her annual report.
- 1.6 This strategy focuses on evidence based interventions within two areas of the WHO Framework; 'Mental Illness Prevention' and 'Mental Health Promotion', recognising the wealth of current work and complementary strategies that focus on 'Treatment, Recovery and Rehabilitation'.

2. MAIN ISSUES

The structure of the strategy

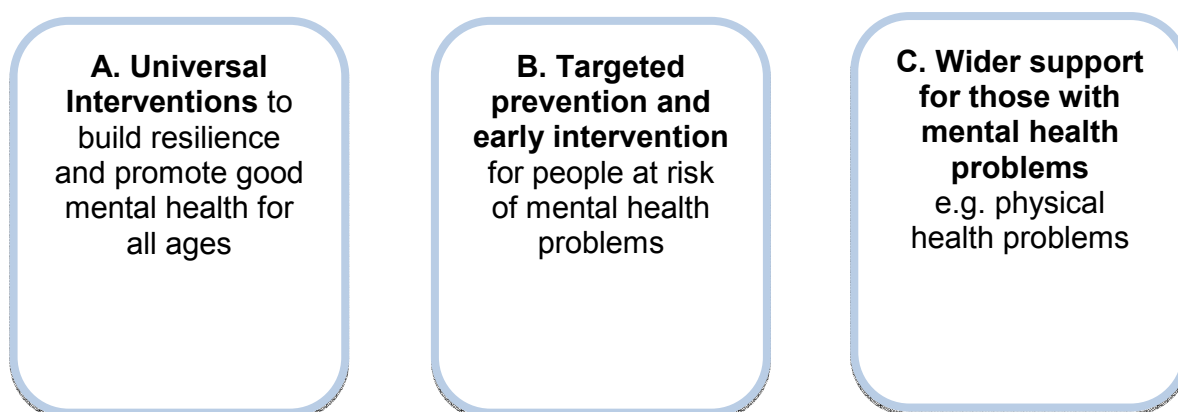
- 2.1 There is a two page summary of the strategy at the beginning of the document (Appendix A pp.4-5) and the strategy is essentially split into the following sections:

Sections 1-3: These sections focus on the background to the strategy, and give the national and local context including facts and figures about the current situation, the economic case and public views on the issues.

Section 4: This section looks at approaches to improving public mental health within three broad themes:

- **A life course approach to promoting mental health**, including critically how to maximise prevention and promotion opportunities in childhood, such as interventions to reduce bullying and improve parenting.
- **Developing a wider environment that supports mental health**, using anti-stigma and discrimination tools, workforce training, and maximising the opportunities within workplaces.
- **Physical and mental health**, or 'The mental health of people with physical illness and the physical health of people with mental illness'.

Within these themes, proposals of work are divided into three groups.



Section 5: The section takes a fictional family which we are using in the strategy as an example of how the strategy could impact on individuals

Section 6: This section is about how the strategy will be delivered and includes a draft plan for year 1 of implementation. However, we want to develop this further in response to consultation feedback. We envisage that the final version of the strategy will include a high level action plan, and governance arrangements for the delivery of the strategy.

Proposed actions and investment

- 2.2 A recurrent investment of £120k has been agreed in the 2015/16 business plan to support the implementation of the strategy. Where these proposed actions might be considered for some of the implementation funding the proposed actions state that this is a likely area for investment.
- 2.3 The following are identified in this draft as potential areas for investment in the implementation of the strategy:
- Support for mental health promotion and anti-bullying work within schools.
 - Anti-stigma campaign work, particularly across agencies and building on the recent Stop Suicide campaign.

- Support for the mental health promotion element of workplace health initiatives, linking to the expansion of these initiatives to cover a much greater proportion of workplaces and particularly those working in more deprived areas or with a more deprived population.
- Focussed initiatives to support the physical health of those with serious mental illness, through preventive lifestyle interventions.

2.4 There are a number of other proposals that may require investment from other agencies. In particular the proposals around the mental health of those with long term conditions has implications for the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) transformation programme, and will be taken forward through that programme.

The consultation process

- 2.5 Subject to the agreement of the committee, we plan to run a six week consultation on the draft strategy. There has been a multi-agency steering group for the strategy including district councils, the CCG, and the voluntary sector.
- 2.6 The six week consultation will involve using the council's consultation feedback process and in addition we will be sending the consultation directly to those organisations we have not been able to meet with to date, and through the steering group identifying any others who may have an interest.
- 2.7 We also have a range of engagement meetings already set up for the consultation period and are working with patient groups to identify the best way to consult them on the strategy. Wherever possible we are bringing together the consultation on the Adult and Older People's Mental Health Social Care Strategy and this strategy which will both be out for consultation at the same time.
- 2.8 During the consultation period we will be seeking multi-agency sign up to the strategy.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The strategy highlights the potential benefit of this work on the workplace and wider economy.

3.2 Helping people live healthy and independent lives

The draft strategy outlines proposals to support mental health and prevent mental illness.

3.3 Supporting and protecting vulnerable people

Those groups more vulnerable to poor mental health are highlighted in the strategy.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Resource implications are outlined in the implementation plan. Resource implications for CCC are limited to the £120k already identified for this work.

4.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

4.3 Equality and Diversity Implications

The strategy sets out a number of ways it may address equality and so prevent mental illness and promote mental health.

4.4 Engagement and Consultation Implications

There will be a six week consultation period as outlines in section 3 of this paper.

4.5 Localism and Local Member Involvement

There are no significant implications within this category.

4.6 Public Health Implications

This paper sets out a strategy scope which aims to promote mental health and prevent mental illness amongst those living in Cambridgeshire.

Source Documents	Location
<i>Annual Report of the Chief Medical Officer 2013. Public Mental Health Priorities: Investing in the Evidence. September 2014. Department of Health.</i>	https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health
<i>World Health Organization. Strengthening Mental Health Promotion. (Fact Sheet No. 220). Geneva: WHO; 2001.</i>	http://www.who.int/mediacentre/factsheets/fs220/en/
<i>No health without public mental health, the case for action. Royal College of Psychiatrists position statement 2010.</i>	http://www.rcpsych.ac.uk/
<i>A full list of supporting documents to the draft strategy is provided at the end of the attached document.</i>	