

PUBLIC MENTAL HEALTH STRATEGY: SCOPING PAPER

To: **Health Committee**

Meeting Date: **16 October 2014**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **To provide the Committee with an outline scope for the public mental health strategy.**

Recommendation: **The Committee is asked to agree the scope of the strategy.**

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1. BACKGROUND

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.

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.

2. MAIN ISSUES

2.1 Definitions

It is important to be clear that about the differences between mental health (or mental wellbeing), and mental illness.

In this work we refer to both using the definitions below.

Mental health (or wellbeing): There are many different definitions of mental health or wellbeing (and little consensus on how it should be measured), but they generally include factors known to promote mental health such as: life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support. Good mental health is not simply the absence of diagnosable mental health problems, although good mental health is likely to help protect against the development of many such problems. WHO describe mental health as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'.

Mental illness or disorder: Mental illness or disorder refers to a diagnosable condition that significantly interferes with an individual's cognitive, emotional or social abilities e.g. depression, anxiety, and schizophrenia.

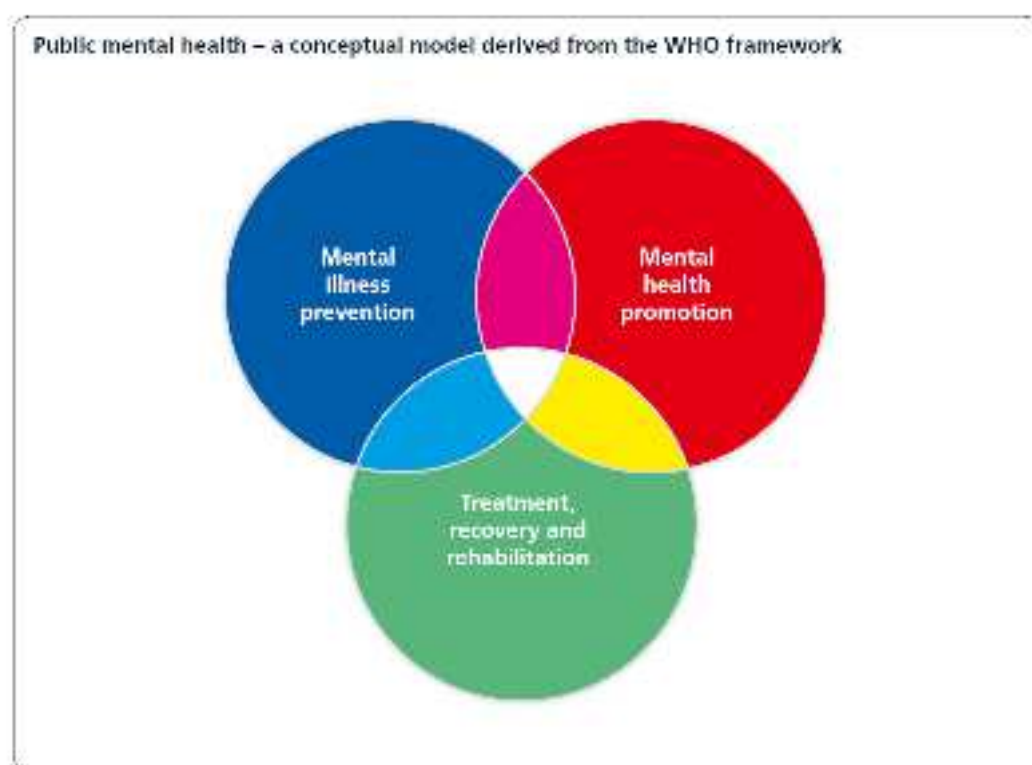
2.2 What is public mental health?

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'.

Public mental health strategies focus on what action can be taken to promote positive mental health and wellbeing and to prevent mental illness or disorder. In this strategy we propose using the WHO Public

Mental Health Framework, as recently recommended by the Chief Medical Officer in her annual report. The diagram and definitions below describe this approach.



Source: Annual Report of the Chief Medical Officer 2013: Public Mental Health Priorities: Investing in the Evidence. September 2014. Department of Health p.13.

Mental health promotion is concerned with the determinants of mental health or the 'creation of individual, social and environmental conditions that enable optimal psychological and psychophysiological development'. Interventions may have a primary goal of improving mental health or the side benefit of doing so. Examples might include promoting a whole school approach for children's social and emotional wellbeing, recommended organisational level interventions to minimise the health effects of workplace reorganisation, or preventing social isolation and loneliness among older people.

Mental illness prevention is concerned with the causes of disease and aims to reduce the incidence, prevalence, recurrence and time spent with symptoms as well as the impact of illness on the person, family and wider society. Examples might include school based interventions to prevent bullying, or stigma prevention campaigns.

In summary 'mental health promotion is primarily concerned with the determinants of mental health, and...mental illness prevention is concerned with the causes of disease'.

It is also important to note that the Chief Medical Officer (CMO) concludes that there is no consensus over definitions or measures of 'wellbeing' and she recommends (Recommendation 1) that,

'Well-being interventions should not be commissioned in mental health as there is insufficient evidence to support this'.

The CMO goes on to state that effective and cost-effective interventions should be the priority and this has been reflected in the proposed objectives of the strategy.

2.3 What is the aim of the strategy?

The proposed aim of the strategy is to:

- a) Ensure we have a common understanding of what it means to improve public mental health.
- b) Ensure that we maximise the opportunities to promote mental health and prevent mental illness within Cambridgeshire Including:
 - 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

It is proposed that the objectives of the strategy are to:

- i. Articulate the benefits of promoting positive mental health and wellbeing, preventing mental illness.
- ii. Identify evidence based interventions (including those recommended by NICE) to promote positive mental health and wellbeing and prevent mental illness.
- iii. Prioritise effective and cost effective interventions given limited resources.
- iv. Provide a clear plan of action to improve mental health and wellbeing within Cambridgeshire.

2.4 Excluded from scope

It is proposed that given the many existing strategies and current work underway on services for **mental illness** that 'Treatment, recovery and rehabilitation' are **not** included within the scope of this strategy. Existing strategies and work underway focusing on this include:

- i. The joint, Cambridgeshire County Council (CCC), Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Emotional wellbeing and mental health strategy for children and young people 2014-2016.
- ii. Cambridgeshire and Peterborough CCG Adult mental health commissioning strategy 2013-2016
- iii. Cambridgeshire and Peterborough CCG Older peoples mental health commissioning strategy 2013-16
- iv. Cambridgeshire and Peterborough CCG Older people's services procurement requirements
- v. Cambridgeshire and Peterborough CCG 5 year strategy (underway)
- vi. CCC Mental Health and Social Care Strategy (underway)

In addition suicide prevention would be excluded, given the very recent development of the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy. Where there is an overlap in strategies this will be acknowledged and we will try and ensure that this public mental health strategy fits with the other existing, and in progress, strategic work on mental health and illness.

2.5 Proposed public mental health strategy outline

A broad outline of the proposed strategy is provided below. This is indicative of likely work areas, rather than the exact structure of the strategy. The suggested areas of focus reflect some of the areas where the CMO's report suggests there may be evidence of effectiveness.

Introduction/Background

- *Why is mental health a public health issue?*
- *What is public mental health and other definition*
- *The epidemiology of mental illness & mental health including inequalities and vulnerable groups*
- *The costs of poor mental health & mental illness*
- *The situation in Cambridgeshire*

Scope of the strategy

- *what is out of scope*
- *where the cross-over is between this and other related strategies*

Mental health promotion & Mental illness prevention

What promotes mental health?

What prevents mental illness?

What interventions are most effective over the life course focusing on:

- ***Take 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.
- ***Physical and mental health***, or 'The mental health of people with physical illness and the physical health of people with mental illness'.
- ***Integrating mental health into all aspects of our work*** (CCC and partners), particularly considering the side benefits of many existing programmes on improving mental health, such as promoting economic prosperity, and reducing social isolation in older people.
- ***Developing a wider environment that supports mental health***, using anti-stigma and discrimination tools, workforce training, and maximising the opportunities within workplaces.

Action plan

2.6 Next Steps

There will be a multi-agency steering group set up to guide the development of the strategy. There will be strategy consultation period following the Health Committee meeting in March, and an engagement and communication plan to for the strategy developed as part of the work. This will draw on existing engagement and consultation work with the public being developed for other strategies such as the CCG five year strategy and the Social Care mental health strategy.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The report highlights the potential benefit for this priority in the background section.

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in paragraph 2.3 setting out the aims of the strategy.

3.3 Supporting and protecting vulnerable people

The report above sets out where this work will address the implications for supporting and protecting vulnerable people in paragraphs 2.3 and 2.5.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no direct resource implications, but the strategy may make recommendations which have resource implications.

4.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

4.3 Equality and Diversity Implications

The report above sets out in paragraphs 2.5 where this work may address the implications for equality and diversity.

4.4 Engagement and Consultation Implications

There will be an engagement and consultation plan for the strategy, including a consultation period.

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/ http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf