Enclosure PHE/16/36
Annex 1: Public Mental Health Case for Change and Policy Background

The case for change towards a public mental health focussed approach

Without preventative action, mental health is set to become one of the greatest public health challenges of this decade. Whilst access to good quality service provision to support people if they become ill is essential, it is vital that more focus is given to prevention so that illness becomes a rarer event.

The current picture in England shows that:

- One in four adults experiences at least one diagnosable mental health problem in any given year with up to three quarters of these receiving no support.
- People in marginalised groups are at greater risk, including black, Asian and minority ethnic people (BAME), lesbian, gay, bisexual and transgender people, disabled people, and people who have had contact with the criminal justice system. People from BAME communities are also at higher risk of receiving poorer and more restrictive care.
- One in five mothers experience depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth and suicide is the second leading cause of maternal death.
- One in ten children aged 5 - 16 has a diagnosable mental health problem, equivalent to approximately three in every class.
- Children, young people and adults who have experienced traumatic events, poor housing or homelessness, or who have multiple needs such as a learning disability or autism have an increased risk of experiencing stress, anxiety and depression.
- Common mental health problems are more than twice as high among people who are homeless compared to the general population, and psychosis is up to twice as high.
- Men are three times more likely than women to take their own lives. Whilst female rates have stayed relatively constant, the male suicide rate is at its highest since 2001. The highest rates are amongst middle aged men aged 45 to 59, with this age group also showing the highest rate among women.
- People with severe mental illness are at risk of dying 15 - 20 years earlier than other people.
- People with mental health problems are often overrepresented in high turnover, low pay and often part time work.
- In England alone, poor mental health carries an economic and social cost of £105 billion a year.

Public mental health methodologies have an important role in tackling existing international and national trajectories by increasing opportunities for prevention. The economic case for such approaches is strong and continues to grow as preventative action is vital to help stem the existing rising demand for mental ill health care and recovery support - the increasing costs of which are not possible to absorb through the public purse.

International policy drivers

The *WHO Comprehensive Mental Health Action Plan 2013-2020* was adopted by the 66th World Health Assembly, A landmark in international health policy, the plan was developed as a response to the compelling case for sustained efforts to reduce global burden of disease and impacts, of mental illnesses including premature mortality, and stigma and human rights abuses, that most people with mental illness are not treated in every country worldwide, and because every day about 3000 people die by suicide. The global action plan has four core objectives:

1. To strengthen effective leadership and governance for mental health
2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings
3. To implement strategies for promotion and prevention in mental health
4. To strengthen information systems, evidence

The *WHO Europe European Mental Health Action Plan* (2013) aligns with the values and priorities of the global plan. Informed by the needs and aspirations of people living in the European Region, the plan provides a framework for mental health promotion and the prevention and treatment of mental health problems. The approach highlights the fundamental nature of mental health to safeguarding and enhancing the quality of life, well-being and productivity of individuals, families, workers and communities – and therefore the strength and resilience of society as a whole. The European plan has four core objectives, highlighting that:

1. everyone has an equal opportunity to realize mental well-being throughout their lifespan, particularly those who are most vulnerable or at risk
2. people with mental health problems are citizens whose human rights are fully valued, protected and promoted
3. mental health services are accessible and affordable, available in the community according to need
4. people are entitled to respectful, safe and effective treatment.

The operationalisation of the plan is underpinned by three cross-cutting objectives:

- health systems provide good physical and mental health care for all;
- mental health systems work in well-coordinated partnerships with other sectors; and
- mental health governance and delivery are driven by good information and knowledge.

These objectives are reflected in the ensuing *EU Joint Action Plan for Mental Health 2013 – A Joint Action Framework* which places an emphasis on: depression, suicide and e-health; community based approaches; mental health in workplaces; mental health and schools; and mental Health in all policies.

National policy drivers

The current Government continues to support the national strategy *No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages* published in 2011 by the previous Conservative and Liberal Democrat Coalition Government. The strategic vision promotes equal consideration of the mental health impacts of policy, planning and delivery. The strategy sets out six key objectives highlighting that:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

This approach demands attention to the wider social and structural influences on mental health (such as educational attainment, employment status, poverty and discrimination) and encourages whole system change.

Building on an earlier strategy, the 2012 Preventing Suicide in England: A cross-government outcomes strategy to save lives sets out areas for action to reduce the suicide rate and improve support for those affected by suicide. The focus includes what government departments will do and knowledge of groups at higher risk, effective interventions and resources to support local action. The contribution of local areas to saving lives is highlighted such as where people are vulnerable because of debt, unemployment or housing problems.

In 2015, the Independent children and young people's mental health taskforce published the *Future in Mind* report. Endorsed in full by the current government, the reports vision and action plan focuses on promoting, protecting and improving our children and young people's mental health and wellbeing.

Most recently, in February 2016, the NHS England commissioned independent **Mental Health Taskforce published the *Five Year Forward View for Mental Health*** report which sets recommendations for the health arm's length bodies. A key conclusion from the report was that the NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services.

The *Five Year Forward View for Mental Health* report included 13 recommendations for Public Health England to lead or support and also endorsed in full the activity already underway through Future in Mind. These are[1]:

<u>Recommendation 1 Children and Young People (0-25 years)</u>
NHS England should continue to work with HEE, PHE, Government and other key partners to resource and implement Future in Mind, building on the 2015/16 Local Transformation Plans and going further to drive system-wide transformation of the

[1] Numbering and page numbers as used in the *Five Year Forward View for Mental Health* report

local offer to children and young people so that we secure measurable improvements in their mental health within the next four years. This must include helping at least 70,000 more children and young people each year to access high-quality mental health care when they need it by 2020/21. The CYP Transformation Plans should be refreshed and integrated into the forthcoming Sustainability and Transformation Plans (STPs), which cover all health and care in the local geography, and should include evidence about how local areas are ensuring a joined up approach that is consistent with the existing statutory framework for children and young people. (page 26)

Recommendation 2 Prevention Concordat
PHE should develop, in partnership with others, a national Prevention Concordat programme that will support all Health and Wellbeing Boards (along with CCGs) to put in place an updated JSNA and joint mental health and wellbeing strategies that include mental health and comorbid alcohol and drug misuse, parenting programmes, and housing, by no later than 2017. (page 27)

Recommendation 3 Suicide Prevention
The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, contributing to a 10 percent reduction in suicide nationally. These plans should set out targeted actions in line with the National Suicide Prevention Strategy and new and emerging evidence around suicide, and include a strong focus on primary care plus alcohol and drug misuse. Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data. Updates should be provided in the Department of Health's annual report on suicide. (page 27)

Recommendation 6 Health and Work
Department of Health and the Department for Work and pensions, working with NHS England and PHE, should identify how the £40 million innovation fund announced at the Spending Review and other investment streams should be used to support devolved areas to jointly commission more services that have been proven to improve mental health and employment outcomes, and test how the principles of these services could be applied to other population groups and new funding mechanisms (e.g. social finance) (page 27)

Recommendation 12 Social Marketing
The Department of Health should work with PHE to continue to support proven behaviour change interventions, such as Time to Change, and to establish Mental Health Champions in each community to contribute to improving attitudes to mental health by at least a further 5% by 2020/21. (page 28)

Recommendation 13 Holistic care pathways including Alcohol and Drug Misuse
[NHSE lead]By 2020/21, NHS England should complete work with ALB partners to develop and publish a clear and comprehensive set of care pathways, with accompanying quality standards and guidance, for the full range of mental health conditions based on the timetable set out in this report. (page 33 – also see text in

report appendix). These standards should incorporate relevant physical health care interventions and the principles of coproduced care planning, balancing clinical and non-clinical outcomes (such as improved wellbeing and employment). Implementation should be supported by:

- Use of available levers and incentives to enable the delivery of the new standards, including the development of aligned payment models (NHS England and NHS Improvement)
- Alignment of approaches to mental health provider regulation (NHS Improvement and CQC)
- Comprehensive workforce development programmes to ensure that the right staff with the right skills are available to deliver care in line with NICE recommendations as the norm (HEE)
- Ensuring that the relevant public health expertise informs the development of the new standards and that they are aligned with the new co-existing mental health and alcohol and/or drug misuse services guidance being developed for commissioners and providers of alcohol and/or drug misuse services. (PHE)

Recommendation 20 Improving the lives

PHE should support commissioners to prioritise ensuring that people with mental health problems who are at greater risk of poor physical health get access to prevention and screening programmes. This includes primary and secondary prevention through screening and NHS Health Checks, as well as interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. As part of this, NHS England and PHE should support all mental health inpatient units and facilities (for adults, children and young people) to be smoke-free by 2018. (page 34)

Recommendation 24 Health and Justice

The Ministry of Justice, Home Office, Department of Health, NHS England and PHE should work together to develop a complete health and justice pathway to deliver integrated health and justice interventions in the least restrictive setting, appropriate to the crime which has been committed. This should build on the national roll out of Liaison and Diversion schemes (including for children and young people) across England by 2020/21 and the increased uptake of Mental Health Treatment Requirements (diversion through court order to access community based treatment) as part of community sentences for everyone who can benefit from them. It should also improve mental health services in prison and the interface with secure care system, with continuity of care on release, to support offenders to return to the community. (page 35)

Recommendation 26 Research

The UK should aspire to be a world leader in the development and application of new mental health research. The Department of health working with all relevant parts of government, ALBs, research charities, independent experts, independent experts, industry and experts-by-experience, should publish a report pone year from now setting out a 10-year strategy for mental health research. This should include a coordinated plan for strengthening and developing the research pipeline on identified priorities and promoting implementation of research evidence. (page 41)

Recommendation 32 Workforce development
HEE should work with NHS England, PHE, professional bodies, charities, experts-by-experience and others to develop a costed, multi-disciplinary workforce strategy for the future shape and skill mix of the workforce required to deliver both this strategy and the workforce recommendations set out in Future in Mind. This must report by no later than 2016. (page 48)

Recommendation 39 Intelligence and Data
The Department of Health, NHS England, PHE and the HSCIC should develop a 5-year plan to address the need for substantially improved data on, prevalence and incidence, access, quality, outcomes, prevention and spend across mental health services. They should also publish a summary progress report by the end of 2016 setting out how the specific actions on data, information sharing and digital capability identified in this report and the National Information Boards' Strategy are being implemented (page 52)

Recommendation 39 Intelligence and Data
During 2016 NHS England and Public Health England should set out a clear plan to develop and support the Mental Health Intelligence Network over the next five years, so that it supports data linkage across public agencies, effective commissioning and the implementation of new clinical pathways and standards as they come online.(page 53)

Recommendation 63 Suicide Prevention
NHS Improvement and NHS England, with support from PHE should identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out of area placements, are learned from, to prevent repeat events. This should build on insights through learning from never events, serious incident investigations and human factors approaches. The CQC should then embed this information into its inspection regime. (page 63)