

Summary

At any one time, at least one person in six is experiencing a mental health condition. This is costly to the individual, society and the economy. We also know that people who have a severe mental illness often have poorer physical health and are more likely to die earlier. This strategy looks at ways in which we can better promote good mental health and prevent mental illness – what this actually means for individuals and families is described using the fictional family in Figure 1 (see pages 33-34).

Although anyone can experience a mental illness or poor mental health, some people will be more likely than others because of their genetic make-up or their life experiences that make them more vulnerable. It is knowledge of these factors, and the research into evidenced based interventions that inform this public mental health strategy.

The strategy looks at mental health promotion and prevention activity across three broad themes, looking at the evidence base for what potentially could work, as summarised below:

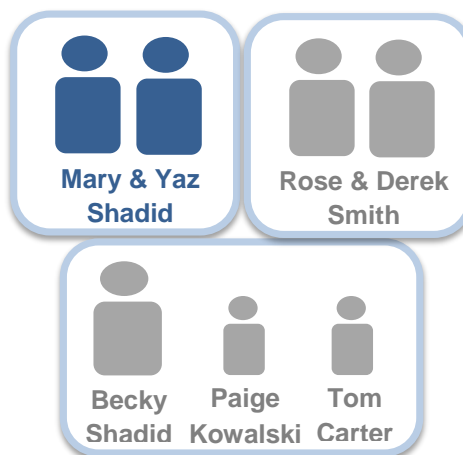


Figure 1 This fictional family will be used in the strategy as an example of how this strategy could affect individuals.

A life course approach to promoting mental health

Children & Young People

- Identifying and treating maternal mental illness in pregnancy and the first year of life
- Parenting programmes
- Mental health promotion in early years settings
- Anti-bullying interventions in schools
- Mental health promotion in schools

Social Isolation & Loneliness

- Activities and services for people to access, and additional support to help people access services.
- Creating a community environment that fosters development of services

Developing a wider environment that supports mental health

Mental Health & Work

- Recommendations on mental health promotion and mental illness prevention in workplaces
- Support for those with people with severe and enduring mental illness to return to work.

Mental Health Promotion in the Community

- Anti-stigma campaigns including national campaigns such as 'Time to Change'
- Training which increases knowledge and raises awareness of mental health & illness.

Physical and mental health – 'the mental health of people with physical illness and the physical health of people with mental illness'

Mental Health of People with Long Term Conditions

- Effective identification and treatment of mental health issues for people with long term conditions

Physical Health of people with Mental Illness

- Physical health assessments
- Physical activity
- Social prescribing

What does the strategy recommend?

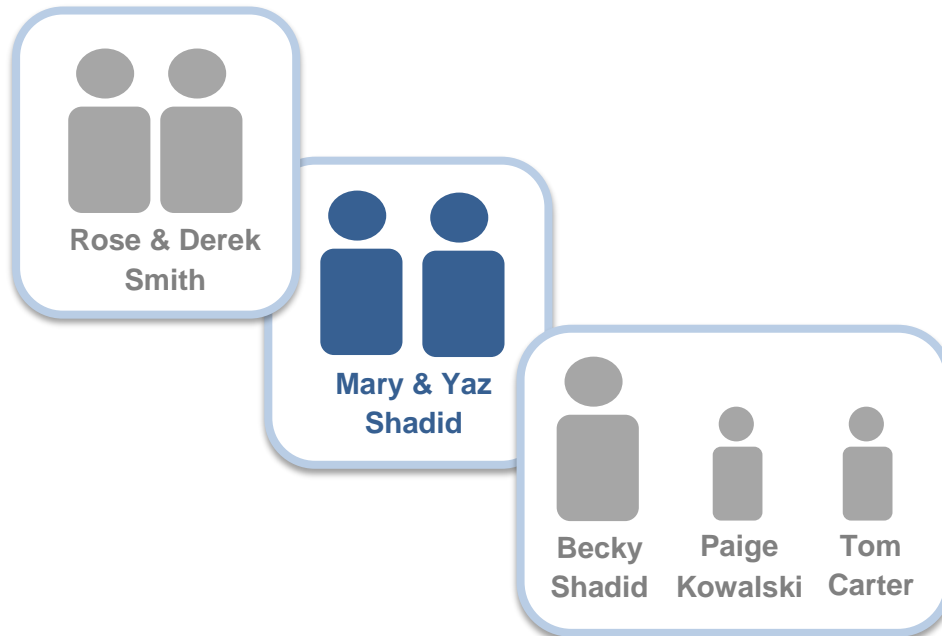
Building on the evidence base and knowledge of some of the interventions already in place, the table below summarises what the strategy proposes. Given the scale of the issue, depression and anxiety affect about half the population at some point during their lives, these proposals are not just for implementation by the public health team, but for a wide range of organisations across the public, voluntary and private sector. A recurrent investment of £120k has been agreed to support the implementation of the strategy. Those actions in *italics* are suggested areas for further investment as part of this strategy’s implementation funding. A more detailed action plan is provided in the full strategy (p.35-39).

	Why focus here?	Actions
Children and young people	<p>Half of all lifetime mental health problems emerge before the age of 14 (Warwickshire County Council, 2014).</p> <p>Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child (Warwickshire County Council, 2014).</p>	<p><i>Focus on supporting schools to tackle anti-bullying and to introduce a ‘whole school approach’ to improving mental health. This approach includes culture, staff morale, pupil and family and community involvement.</i></p> <p>Maximise opportunities to promote mental health across the early years, including during pregnancy and in the first year of life.</p> <p>Continue to support evidenced based parenting programmes.</p>
Social isolation and a wider environment that supports mental health	<p>The environment in which we live can make some individuals and population groups more at risk of poor mental health. These risk factors include low income and/or debt, housing conditions, unemployment, social isolation and adverse life experiences such as adversity in childhood and domestic abuse.</p>	<p>Increase engagement with communities in addressing and improving their health and wellbeing.</p> <p>Support the digital inclusion strategy and the expansion of the Time Credit scheme.</p> <p>Consider how services, such as Lifestyle or community navigator services, might have their role enhanced in relation to mental health and be better able to identify those in need of support.</p> <p>Continue with initiatives supporting people with mental illness back into work or to stay in work.</p> <p>Support the implementation of other relevant strategies such as the Cambridgeshire County Council Child Poverty Strategy which includes a focus on helping parents back to work.</p>

<p>Workforce mental health</p>	<p>Mental ill health costs some £105 billion each year in England; £29bn of this is losses to business. Interventions to improve mental health within the workplace have been found to be cost effective for businesses (Warwickshire County Council, 2014).</p>	<p><i>The public health ‘workplace health’ programme should have a strategic focus including mental health, and expand to cover a much greater proportion of workplaces, particularly in areas of greatest deprivation or among highest need populations. A suitable training package will be identified for employers so that they can provide improved support to those employees with mental illness.</i></p> <p><i>The programme should identify and roll-out a workplace health standard, which gives employers a set of good practice standards on mental health and other health issues to adopt.</i></p>
<p>Anti-stigma work</p>	<p>Many people who have a mental illness have experienced stigma or feel the need to hide their illness – one study found that 70% of mental health service users felt the need to conceal their illness (Corker et al. , 2013).</p>	<p><i>Support anti-stigma campaigns, building on the work of the ‘Stop Suicide’ Campaign. Workplaces, schools and early years settings should all be utilised as locations for campaign work.</i></p> <p>Continue to fund Mental Health Awareness Training for frontline staff and look at options for disability awareness and discrimination.</p>
<p>Mental health of those with physical illness</p>	<p>Around 30% of all people with a long term physical health condition in England also have a mental health problem, most commonly depression/anxiety (Naylor et al. , 2012). Mental health problems exacerbate physical illness.</p>	<p>Improve the identification of those people with a long term physical health condition(s) and depression.</p> <p>Ensure that those identified received evidence based interventions for depression, or access to rehabilitation programmes which include mental health support where appropriate.</p>
<p>Physical health of those with mental illness</p>	<p>People with severe mental illness die up to 20 years younger than their peers in the UK and lifestyle is thought to play an important role (see page 10). One study found that 60% of people receiving secondary mental health care smoked (Wu et al., 2013).</p>	<p>Increase the number of community mental health team members who are trained to give stop smoking advice, and increase the number of people with serious mental illness (SMI) referred to stop smoking services.</p> <p><i>Additional focused initiatives to support the physical health of those with SMI, through preventive lifestyle interventions, such as tailored physical exercise programmes. Improve consistency in physical health assessments and signposting.</i></p>

What does the Public Mental Health Strategy Mean for Me?

The following example will be used to demonstrate how the work of this strategy may impact upon the lives of one fictional family. Similarly, this family will be used within the Adult Mental Health Social Care Strategy to illustrate how the strategy can impact upon individuals.

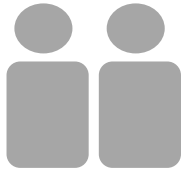


Rose (78 years old) and **Derek Smith** (75 years old) have lived together in Wisbech for over 40 years. Derek cares for Rose who was diagnosed with dementia 3 years ago.

Rose and Derek have a daughter, **Mary** (50 years old) who lives in Ely together with her husband **Yaz** (52 years old). Yaz has chronic psychosis and is currently unable to work. Mary can find it difficult to hold down employment as she needs to provide support and care for Yaz.

Mary and Yaz have a daughter called **Becky** (30 years old) who is a single parent and lives in Sawston with her daughter **Paige** (14 years old) and her son **Tom** (4 years old). Becky works as a dinner lady in a local school to fit with childcare, she struggles financially and has run up some debt. Becky is under a lot of stress and is finding it difficult to cope with Tom's behaviour. She has very little support from Tom's father, contact is often erratic. Paige has been happy at school but recently has become withdrawn, and Becky suspects she is being bullied.

5.1 What might this family experience if we maximise public mental health opportunities?



Rose &
Derek Smith

Derek and Rose feel supported in their local community. They can do their shopping without fear of how people may react to Rose's sometimes unpredictable responses to the world around her. There has been a local campaign to raise awareness of mental health problems and many of the local shop keepers have also undertaken mental health awareness training. Rose and Derek also really enjoy attending the community café together; a chance to talk to others who face similar challenges, and to socialise with friends.

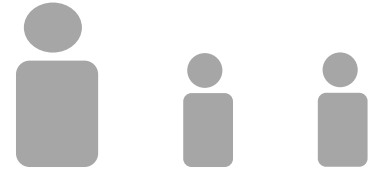
Derek has also been along to the local walking group, he was wary at first but a Health Trainer went along to the first session with him which gave him confidence. This has helped him to make new friends and to keep physically active which has really helped how he is feeling.



Mary & Yaz
Shadid

Mary's employer have recently introduced flexible working, this has really helped her as she can adapt her hours so that she can take Yaz to his check-ups at the GP. At work they have also introduced a new health programme which offers lunchtime exercise classes; she has decided to take up a dance class as she just doesn't get time to be active otherwise.

Although currently unemployed, Yaz is being supported with building his skills in IT at the adult education college. He hopes to be able to work from home in the near future. He recently had his annual physical health review – the nurse gave some brief advice around stopping smoking and his weight and has put him in touch with a local stop smoking advisor who is helping him to quit, and a local exercise programme for those with health issues.



Becky
Shadid Paige
Kowalski Tom
Carter

Becky has been in regular contact with the Health Visitor (HV) who identified her postnatal depression and has since been a great source of support and advice. With Tom's behaviour becoming so unmanageable Becky enrolled herself on a parenting programme as suggested by her HV. This has helped her develop effective discipline strategies and improved her relationship with her son.

Some of the children at Paige's school have been making comments about how she looks different. She is feeling really insecure and unhappy but she feels able to talk to her teacher who is very clear about the school policy on bullying. She suggests Paige visits the school nurse drop in clinic to discuss her feelings.

The school have a range of sessions planned as part of PSHE on body image and bullying which aim to alter the culture of the school.

Works Cited

- Corker et al. . (2013). Experiences of discrimination among people using mental health services in England 2008-11. *British Journal of Psychiatry*.
- Naylor et al. . (2012). *Long-term conditions and mental health: the cost of co-morbidities*.
- Warwickshire County Council. (2014). *Public Mental Health & Wellbeing Strategy 2014-16*.
- Wu et al. (2013). Evaluation of Smoking Status Identification using Electronic Health Records and Open-Text Information in a Large Mental Health Case Register. *PLoS one*.