P4 - Promoting early intervention and prevention measures to improve mental health and wellbeing

Contents

INTRODUCTION 2
The case for change 3
The scale and impact of poor mental wellbeing across the life course 3
Inequalities and Mental Health 4
Risk factors for poor mental wellbeing 5
OUTCOMES 5
SHORT TERM – QUICK WINS 6
THEME 1 – Communications, information, and resources 6
THEME 2 – Motivation 7
THEME 3 - Relationships 7
LONGER TERM APPROACHES 8
THEME 4 – Wider determinants and leadership 8
THEME 5 – System understanding of pathways and resources 9
EVIDENCE BASE FOR EFFECTIVE INTERVENTIONS 9
A Best Start in Life approach 10
Effective approaches for early years - Parenting programmes 11
Children and young people 11
Adverse childhood experiences (ACE) 11
STAKEHOLDER ENGAGEMENT – Let's talk survey 12
interdependencies with other hwics priorities 12
System partners' commitment to all priorities 13
references 14

DRAFT

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INTRODUCTION

Good mental health and well-being are essential factors in a thriving community. The impacts of poor mental health are significant and far reaching and can have a dramatic effect on whole life satisfaction and achievement. Our vision is that everyone in our communities across Cambridgeshire and Peterborough has opportunities for good mental health & wellbeing, and access to resources and information to prevent the onset of mental health problems, especially for those facing the greatest adversity and barriers. This includes those living with and recovering from mental illness.

Mental well-being promotion involves encouraging good mental affect, positive feelings such as life satisfaction and happiness, reducing inequalities, building social capital, enhancing the quality of life, and enabling optimal psychological and psychophysiological development throughout the life course.

Mental illness prevention involves reducing the incidence, prevalence, and recurrence of mental health problems, as well as reducing the risk factors and the impact of mental illness on the affected person[i].

The pandemic has changed and disrupted the way many of us live, work, form relationships, participate in activities and enjoy ourselves; furthermore, inequalities have been exacerbated by the COVID-19 pandemicii. Coupled with its wider impact on employment, economics, and education it has taken a toll on the populations' mental wellbeing and therefore timely to focus our efforts on addressing this.

In the years following there is more economic uncertainty, bringing greater stresses on individuals and families to cope with challenges such as the cost of living in a changing world. These factors all impact on our mental wellbeing.

By 2030, we want our population to have measurably better mental wellbeing than in 2022.

THE CASE FOR CHANGE

The scale and impact of poor mental wellbeing across the life course

Perinatal mental wellbeing

- Mental health during pregnancy and in the year after the child is born has been linked to several longer-term outcomes for the child.
- Risk factors for poor mental health include: isolation, difficulties breastfeeding, domestic abuse, socio-economic deprivation, and previous parental mental health problems.

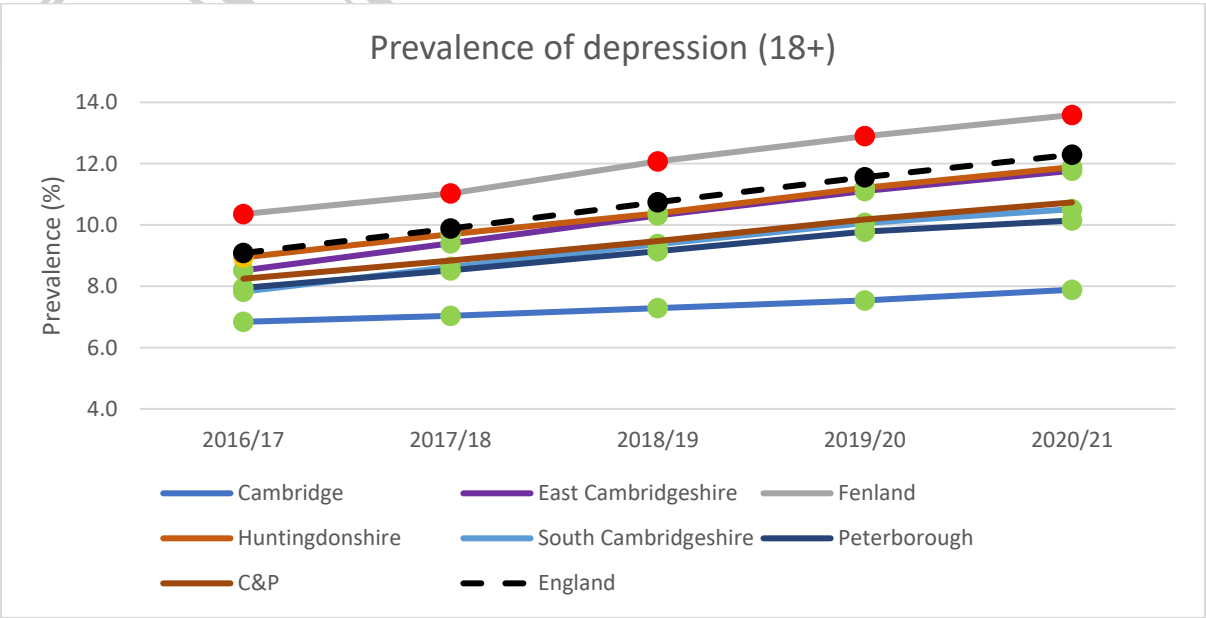
Children and Young People's mental wellbeing

- Half of all mental health problems have been established by the age of 14, rising to 75% by age 24.
- Factors influencing CYP's mental health include: Experiencing abuse, low income, poor parental mental health, bullying.
- Some groups are at higher risk: children with SEN, LGBTQ+ children, young offenders, neurodivergent young people, and young people not in employment, education, or training.

Adult mental wellbeing

- In any given year, one in six adults experiences a common mental health problem.
- Mental health problems are unevenly distributed across society with disproportionate impacts on people living in poverty, those who are unemployed and identified population groups including sexual and gender minority groups and ethnic minorities in the community.
- The life expectancy of someone with a serious mental health problem is 15 to 20 years less than the general population. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. In addition, people with long term physical illnesses suffer more complications if they also develop mental health problems, increasing the cost of care by an average of 45 per cent.

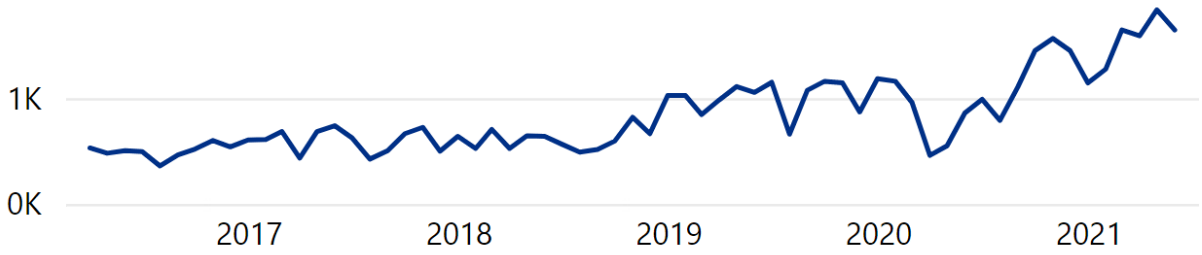
Figure 5: Trends in prevalence of depression in adults as measured by primary care (QOF) data



The prevalence of depression in adults in Cambridgeshire and Peterborough as recorded by primary care – GP practices has increased in all areas following a trend for England. However, Fenland has statistically significantly higher rates of depression than England and shows the highest rates as recorded by primary care in the region. Cambridge has the lowest prevalence and Peterborough tracks near the average for the whole county (Figure 5)

For children and young people, it is difficult to measure the overall burden of mental health problems in the population as the QOF primary care information does not report these figures. We therefore look at other measures to understand the burden and demand for mental health interventions in children and young people. One such measure is shown in Figure 6 below – the referral numbers to secondary care mental health services by month in Cambridgeshire and Peterborough. The data shows a general increase in later years apart from a short period where there was a decrease in the first few months of the pandemic.

Figure 6: Referrals to secondary care MH services Children and Young people aged 0-18 Cambridgeshire and Peterborough by month to June 2021



Source: NHS digital

Inequalities and Mental Health

Mental illness and poor wellbeing are not distributed evenly amongst the adult population. There are strong inequalities which are present throughout a range of health outcomes, many of which can be traced back to early childhood experiences. Inequalities are present in the mental health need of different demographic groups, often because of wider socioeconomic factors.

There are significant variations in the prevalence of mental health conditions in different groups, as well as their access to mental health care, and their experiences and outcomes of mental health services. This includes, but is not limited to older people, people who are LGBTQ+, ethnic minorities, offenders, people who are homeless, people with drug/alcohol dependencies, and people with disabilities.

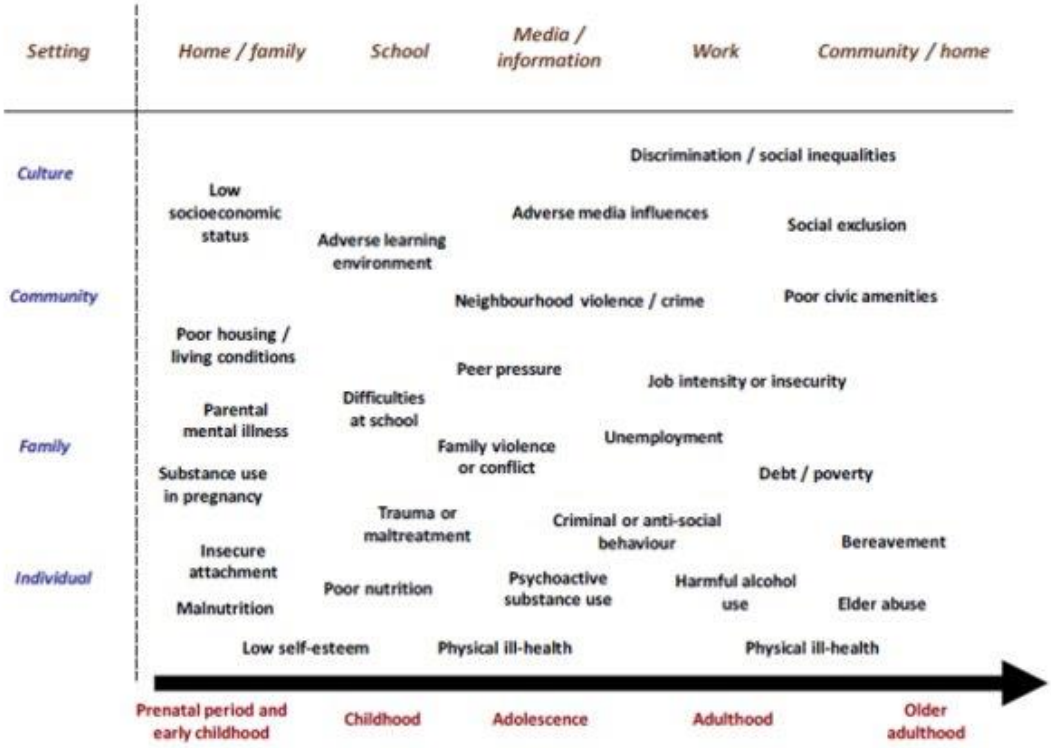
For example:

- Levels of mental illness is considerably higher than the general population in **Offenders, Young Offenders and Victims of Crime** –, one key survey showed 90% of prisoners had one or more of the five psychiatric disorders studied (Singleton, N. et al., 1998).
- **Sexuality –** NICE guidance recognises that lesbian, gay, bisexual, and transgender people are at higher risk than heterosexual people of suicidal feelings, self-harm, drug or alcohol misuse and mental health disorders such as depression and anxiety.

Stakeholders highlighted that it is vital to tackle the inequalities that are present in all parts of the mental health system. Tackling inequalities necessitates addressing structural and socioeconomic issues, such as income maximisation, housing, employment, and environmental factors. It will also need us to listen to communities and engage with people from a range of backgrounds and experiences.

Risk factors for poor mental wellbeing

The diagram below shows how factors that impact on mental health influence an individual over the life-course. It also schematically shows the level these factors operate to influence an individual, whether this be as part of the culture, within a community or family or directly through individual choice.



Source: Foresight Project, 2008[23,24]

OUTCOMES

To demonstrate our ambition, we have identified the following four outcome measures we wish to achieve through strategy delivery:

1. To increase the proportion of children and young people who score a high mental wellbeing score on the annual school survey from the 2022 level of 11% to 15% by 2030 and to bring down the proportion with a low mental wellbeing score from 8% in 2022 to 5% in 2030

2. To increase the proportion of children and young people who have a high measure of resilience from 14% in 2022 to 20% by 2030 and conversely to reduce the proportion who had a low measure of resilience from 36% in 2022 to 30% in 2030
3. To increase the proportion of adults who report a 'good' or 'very good' score for their life being worthwhile in 2030 from 81% in 2020/21 to 90%
4. To reduce the proportion of children and young people who need to be referred to mental health services by 10% by 2030

The Public Mental Health strategy development work fully underpins this priority. Emerging themes to promote mental wellbeing and to prevent mental ill heath were identified based on a combination of data assessment about mental health need and the wider determinants of mental wellbeing. Feedback from extensive consultation reaching those with experience and understanding of mental wellbeing & mental health problems. People engaged were listened to and reviewed against evidence of emerging issues, then coupled with identified best practice to address these issues, and therefore promote good mental wellbeing at all levels across the life course.

The following themes emerged as areas of focus for this strategy chapter and are grouped into system short term 'quick wins' and longer-term approaches:

SHORT TERM – QUICK WINS

THEME 1 – Communications, information, and resources

No one should feel that they do not know what to do to support themselves or those they care for when struggling with mental health problems. No one should be unable to access support when needed.

More needs to be done to support people of all ages to know what they can do and what choices they can make to best support their own and those they care abouts' wellbeing. More needs to be done to communicate and inform people, their families, or the people they care for about where and how they can access help and information to prevent mental health problems escalating.

What needs to be done?

- A joined up, system-wide ICS led mental health communications plan needs to be developed. This should be based on the FIVE WAYS TO WELLBEING but also include place-based information about services and support available for different levels of mental health concerns across the life course. This needs to be widely available and resourced to communicate to professionals and the public, paying particular attention to groups and communities likely to be harder to reach and at greater risk of mental health problems. This will link with the 'How are you' – HAY web-based wellbeing resources, development of the 'JOY' App for practitioners to use the HAY information and the 'Keep Your Head' mental health web-based information
- Communicate the impact of stigma and discrimination have on the lives of people with mental health problems and what people can do to look after their own, and each other's mental health.
- Review the Keep Your Head website and look at the options to refresh and modernise the platform. Consider video engagement content and co-production to promote engagement with resources.

- People need to be given a clear understanding of the type of support available and expectations including the timeframes involved to access the support.
- Implement consistent and timely information, signposting, and support to families of children and young people struggling with mental health problems through newly established 'family hubs' where available across our area. Website information to support families.
- To ensure platform contents are easy to navigate and accessible to those who are struggling with MH concerns.

THEME 2 – Motivation

Provide tools and opportunities to encourage and motivate people to engage with activities and services that will support them or help them to promote better mental wellbeing.

Feedback during consultation exercises consistently told us that lacking motivation was a block to engaging with activities or services that would support people's mental wellbeing.

What needs to be done?

- Provide tools and opportunities to encourage and motivate people of all ages, but particularly those with inequalities to engage with activities and services that will support or help them to promote better mental wellbeing.
- Facilitate more peer support opportunities with people who have lived experience, particularly in higher risk and vulnerable groups such as drug/alcohol users
- Evaluate schemes that offer life coaching skills to individuals struggling with poor mental wellbeing. Consider pilot schemes that assess the cost-benefit of coaching.
- Support and extend where possible, the role of community connectors, linking with social prescribing to help address inequalities in access to mental health support.
- Consider how local businesses and community assets can be harnessed to act as advocates for good mental wellbeing, signposting and providing support to those struggling.

THEME 3 - Relationships

Support and foster positive relationships across the life-course for better mental wellbeing and prevention of loneliness.

There is a wide range of evidence showing our relationships with others are central to our mental and overall health. Relationships with others can provide emotional support and promote positive health behaviours, whereas unhealthy relationships can have damaging impacts on mental health, particularly for children.

What needs to be done?

- Build on 'the best start in Life' approach to develop enriching parenting skills and opportunities from the perinatal period onwards, embedding a 'Five to thrive' model of 'talk, play, relax, engage and respond' to build connected relationships and resilience in children and young people. Support the work the family hubs do to achieve these ambitions.
- Support and build upon the whole school approach that includes preventing bullying and promoting inclusion.

- Family cohesion and enrichment, ensuring mental health is considered as part of the reducing parental conflict work programme. Promote and extend, where possible the hyper-local community enrichment offers for families and children.
- Enhance workplace environments, linking with the workplace health strategy to encourage enrichment and engagement opportunities.

Community opportunities for addressing loneliness, as detailed in the full version of the public mental health strategy.

LONGER TERM APPROACHES

THEME 4 – Wider determinants and leadership

Facilitate System leadership to promote, endorse and encourage mental wellbeing, giving mental health parity with physical health and to work as a system, sharing resources to address the social and environmental factors that impact on mental wellbeing

There is strong evidence that mental wellbeing is affected by a wide range of environmental, structural, and social issues: poverty and financial issues, housing, health behaviours, drug/alcohol use, and employment are particularly important.

Good system leadership will join up efforts to address public mental health across the NHS, social care, education, employment, housing, community resilience and cohesion, safety and justice, and civil society

What needs to be done?

- A system-wide approach to address and tackle poverty, that builds on work happening across districts, other parts of the council and the combined authority.
    - As a system, expand the offer of debt advice, money management and income maximisation services to provide more support to a wider range of people including offers to support small businesses affected by the economic downturn and financial crisis.
- Work as a system to develop and extend healthy communities and outdoor spaces that are intelligently designed to promote the Five Ways to Wellbeing, particularly facilitating connections, addressing loneliness and isolation and increase opportunities for all to engage and participate in physical and enrichment activities.
- Explore how to implement the system led development of 'Mental Health hubs' to provide information and resources in one place to support people who are struggling with wider determinants and factors that impact their mental wellbeing, such as cost of living, housing, employment, relationships. Support and enhance the work defined in the health and wellbeing/ICS strategy as well as the work at district level to address the wider determinants, ensuring that mental wellbeing is embedded.
- Training of front-line personnel to identify, support and signpost people who are struggling with mental health problems, linking with social prescribers and enablers such as community connectors.
- System leadership to ensure all Public Sector contracts pay a living wage.

- Mental health impact assessment to be included as part of Health Impact Assessments for larger commissioning contracts.
- System endorsement for procurement to include questions on welfare and mental wellbeing. System leadership to ensure our workforce is valued and well equipped to support people with their mental health through the provision of training, resources, and emotional support - Thriving at Work highlights employers' roles in promoting good mental health.

THEME 5 – System understanding of pathways and resources

System leadership to invest in tools to review the **mental health pathways**. Identify the blocks and enablers in the system pathways, especially in relation to investing upstream in prevention and supporting people while waiting for access to services.

We do not know enough about the local picture of mental health need, or how this varies between population groups. This prevents system partners from having a shared understanding of what mental health outcomes matter and how to measure them across the population and within services.

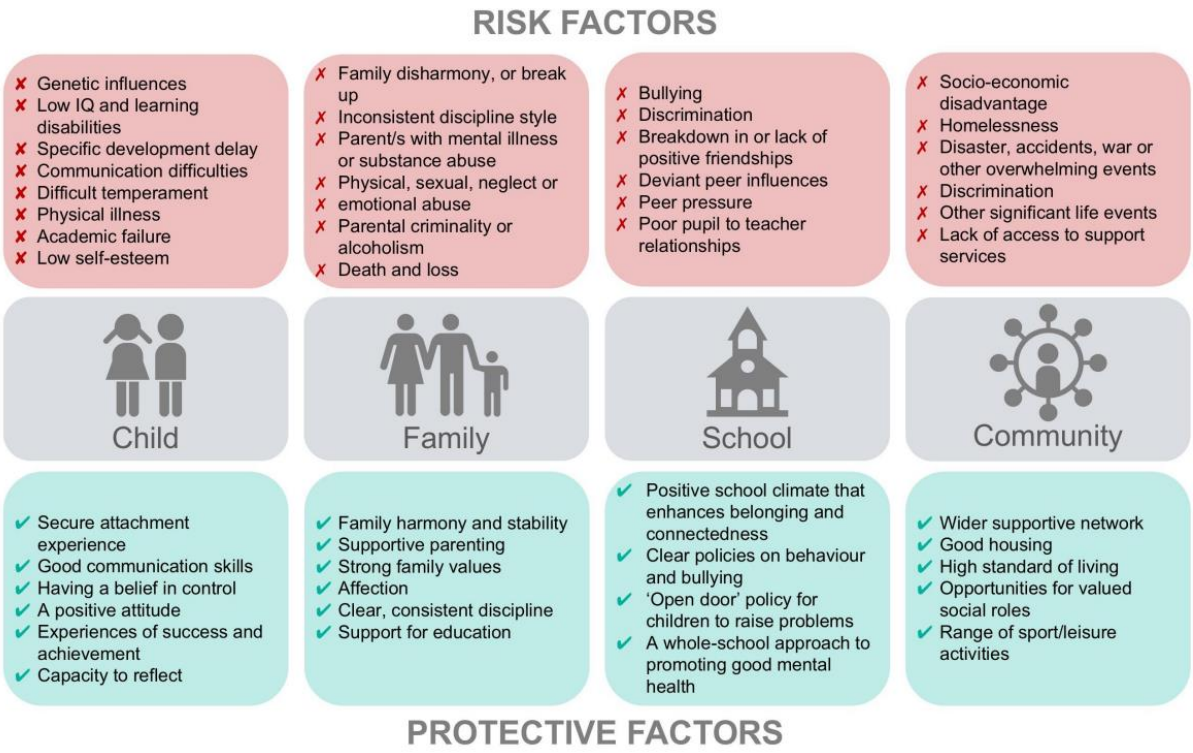
What needs to be done?
System endorsement and participation in the ongoing work to develop a system-wide mental health needs assessment to determine the risk profile and burden of mental illness in the population, the assets and the evidence base for effective solutions and interventions. This will help to highlight differences between communities and groups as well as identify inequalities in mental health and unmet need.

- Data and intelligence should be used to develop a shared picture of local mental health needs and assets, working with system partners and engagement through co-production to shape strategy, to understand what works and to measure impact.
- Use our unique position in Cambridgeshire to work with academics at Cambridge University, NIHR, ARC and other key partners to grow the evidence base on the cost-effectiveness of prevention. Research to address the knowledge gaps and assess measures to reduce inequalities in access and uptake of preventative initiatives.
- Carefully assess opportunities in the CYP mental health pathway to work upstream and support families and CYP at an early stage in the referral pathway through conversations

EVIDENCE BASE FOR EFFECTIVE INTERVENTIONS

Promoting good mental wellbeing, preventing mental health problems from arising or becoming worse, and assessing what is effective in terms of early interventions, is considered and related to the evidence base of what works and what is needed.

Risk and protective factors for children and young people's mental health. Data source: Public Health England (2016) The mental health of children and young people in England. Accessed via: Mental health of children in England (publishing.service.gov.uk)



A Best Start in Life approach

We know from our local data and in terms of emerging national need that children and young people's mental health problems have increased since the pandemic. We also know that most mental health problems in adulthood have arisen in childhood and therefore a good foundation in the early years, which promotes and supports mental wellbeing and avoids adverse childhood experiences is essential to improving the mental health of children and young people and the adults they become. The principle of 'a best start in life' applies to facilitate the foundation of mental wellbeing for the population.

The mental health of the mother during pregnancy and in the year after the child is born (perinatal period) has been linked to several longer-term outcomes for the child. Antenatal depression is associated with an increased risk for child emotional problems and increased risk of clinical depression in late adolescenceiii. It has also been linked to an increased risk of behavioural problems in childhood. Maternal depression may also increase the risk of poor parent-infant attachment, a protective factor for mental health.

Addressing risk factors for poor mental health begins before a baby is even born, and the early years of a child's life lay the foundations for their future, shaping their development, educational attainment, and life chances[iv]. **The Best Start in Life Strategy** focuses on improving life chances of children (pre-birth to 5 years) across Cambridgeshire and Peterborough and in doing so aims to address several the factors that are fundamental to a child's mental health too.

We know the mental health of mothers in pregnancy and in the early part of a child's life helps to shape the developing child. **The Healthy Child Programme** supports the early identification of problems and aims to ensure that support is accessed early. There are a range of services and initiatives based within health services and the community sector that support the promotion of better mental health for expectant or new mothers. It is important this work is connected and there

is oversight of the perinatal pathways of care to ensure all mothers get access to the services they need, be it preventative services or early help.

Effective approaches for early years - Parenting programmes

Parenting programmes can help promote positive mental health and reduce the risk of poor emotional development. They can be universal for anyone or targeted to at risk groups or those already experiencing behavioural difficulties.

There is good evidence to support the use of parenting programmes both in terms of their impact and cost-effectiveness[v]. The impact can be long lasting[vi]. Return on investments could be up to £15.80 for every £1 invested.

Children and young people

Over half of all mental health problems (excluding dementia) start by the age of fourteen, rising to seventy-five percent by eighteen[vii]. As well as the difficulties and distress for individuals and families during childhood and adolescence, there can be longer term impacts of mental ill-health too. The longitudinal British National Child Development Study found that adults with childhood psychological problems were 11% less likely to be employed at age 50, and family incomes were reduced 28% (by age 50) compared to those without childhood psychological problems[viii].

Children and young people who are bullied have a higher risk of developing mental health problems in adulthood[ix]. Those who experience frequent bullying are thought to be more than 2.5 times more likely to use mental health services in adolescence than those who are not bullied with greater rates of depression, anxiety disorders, deliberate self-harm, suicidality, and poorer cognitive health at age 45[x]. Intervening early to prevent mental health problems in children can therefore reduce the burden of mental ill-health in adults

Adverse childhood experiences (ACE)

A wealth of evidence has consistently demonstrated certain experiences in childhood are associated with poorer health, and in particular mental health, in later life. A number of these factors are forms of abuse or neglect, and the others are representative of family dysfunction and increase a child's exposure to trauma[xi]. There are other factors and adversities that are important when considering children's health and the impact later in life, but the following 10 have consistently been linked to poor health outcomes[xi]:

1. Physical abuse
2. Sexual abuse
3. Psychological abuse
4. Physical neglect
5. Psychological neglect
6. Witnessing domestic abuse
7. Having a close family member who misused drugs or alcohol
8. Having a close family member with mental health problems
9. Having a close family member who served time in prison
10. Parental separation or divorce on account of relationship breakdown.

Evidence demonstrates a link between the number of ACEs and increasing likelihood of debilitating physical disease, mental health problems or health-harming behaviours in later life. Studies have shown that 4+ ACEs is associated with a three- to five-fold increased risk of mental health problems in adulthood.

STAKEHOLDER ENGAGEMENT – LET'S TALK SURVEY

Extensive stakeholder engagement with mental health partners and third sector has informed the content of this strategy. Going forward further stakeholder engagement will support the development of specific interventions to deliver the strategy priorities.

The 'Let's Talk - your health and care' campaign launched on 7 October 2022 to inform the Health and Wellbeing Integrated Care Strategy with the aim to reach a wide cross-section of our county residents, hearing from communities whose voices we often hear less from. Mental health concerns were articulated in several 'free text' replies and summarised as follows:

Mental Health is seen a as key issue for people. They want quick and easy access to services at an early stage, not to have to wait for long times to be assessed or be at a crisis point before they can access services, for themselves, those they are care for, and children and young people. Getting mental help support is seen an over complicated and difficult for people.

The generic question in the survey asked- To what extent do you think the options below prevent you or those you care for from living healthy and happy lives? Mental health ranked second where 60.37% respondents expressed concerns.

INTERDEPENDENCIES WITH OTHER HWICS PRIORITIES

Mental health features across the priority chapters, its impacts and determinant factors span several ICS priorities. Most notably there is a direct cross over in relation to the support and interventions required for young people in education settings, to the development of accessible open spaces to support physical and mental health; and creating the provision of skills and opportunities through work and education to support life enrichment. It will be a priority for the system leaders to engage, prioritise and work together to ensure ownership and that duplication of effort is removed from delivery of interventions.

Further work is scheduled to focus on overlapping activities within the priorities. Where uniting, identifying, and working as one to focus on specific activities and tasks to tackle defined goals. These activities will form through projects coupled with measures, timelines, and the appropriate governance applied.

This is where the system golden thread pulls together and collectively identifies added value and efficiency, whilst the service user experience is more personable, tailored, and effective.

System partners' commitment to all priorities

Further discussion on topics we all attribute focus:

- System leader support for policies that have impact and require collaboration across boundaries.
- Share data from our collective and varied analytical groups to present the case of need.
- Our organisations to offer apprenticeships and work experience placements to our local schools.
- Work with system partners to reduce inequalities and combat the known wider determinates of health that have a negative impact on our residents.
- Ensure our organisations have robust work policies which focus on well-being and support employees on Mental Health issues

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