

## MENTAL HEALTH THANET HEALTH AND WELL BEING BOARD

### Introduction

This paper sets out the objectives of the national “No health without mental health strategy” and shows how 2 local strategies set out to achieve better outcomes and reduce inequalities for the people of Kent who are either known to have a mental illness or those with or at risk of common mental health problems. The 2 strategies are “outcome four for mental health - Kent Health and Well-being strategy” and the Kent “Live it Well strategy”.

In addition this paper details evidence which suggests that mental health and wellbeing should not only be viewed as mental health outcomes but also as factors that influence all other health outcomes. As such a new approach is put forward to identify and target those most at risk of developing a mental illness.

The Thanet Health and Wellbeing Board are asked to host a mental health summit where key leaders are presented with the findings of the Joint Strategic Needs Assessment and Assets by Public Health in order to consider and understand the needs of the people of Thanet. That they can then collectively agree the target group strategic priorities and joined-up actions required to make “every contact count” for those most at risk of developing a mental health problem.

### Context

Mental health problems are found in people of all ages, regions, countries and societies. In Britain one in four people will experience some kind of mental health problem in the course of a year with anxiety and depression as the most common disorder (*HM Government (2011), No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*)

The Kent Health and Wellbeing (HWB) Strategy was developed in partnership between social care and mental health and informed by the Department of Health 2012 framework ‘No health without mental health’.

The six objectives of No Health without Mental Health for CCGs are:

1. More people will have good mental health
2. More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems by starting well, developing well, working well, living well and ageing well.
3. More people with mental health problems will recover
4. More people who develop mental health problems will have a good quality of life with greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.
5. More people with mental health problems will have good physical health, fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.
6. More people will have a positive experience of care and support

The Kent HWB strategy supports the 'No Health without Mental Health' framework commitment that care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

Mental health is affected by issues in the environments we live in, including crime and the perception of crime, proximity to green spaces, housing, unemployment, the quality of employment for those who do have work, debt and income level, the ability to live independently and autonomously and freedom from pain and ill health.

Both Kent's strategies are informed by the Joint Strategic Needs Assessment (JSNA) for Kent published in 2009. Its refresh is expected in December 2013. It identified the determinants of mental health and wellbeing as housing, employment, social capital and healthy lifestyles. (It is worth noting that debt is an even stronger risk factor for mental illness than low income).

The JSNA also identified inequalities as a fundamental underlying feature of most health outcomes in Kent. Rates of death are higher in those who are more disadvantaged and emergency admissions are associated strongly with deprivation status. This is likely to be because uptake of preventative services such as screening is poor and also because research has shown that people from deprived areas are less likely to visit their GP early when they have symptoms of ill health and more likely to attend A&E.

## **Evidence**

In England, people living in the poorest areas will, on average, die seven years earlier than people in the more affluent ones and will spend more of their shorter lives living with a disability, including mental health problems (*The Marmot Review (2010), Fair Society, Healthy Lives*). There is a clear link between social and economic inequalities and mental health problems; (*Campion J, Bhugra D, Bailey S, Marmot M (In press), Inequality and mental disorder: opportunities for action. The Lancet*) people living on the lowest fifth of household incomes are twice as likely to develop common mental health problems as those on the highest incomes (*McManus S, et al. (2009) Adult psychiatric morbidity in England, 2007: Results of a household survey. The Health and Social Care Information Centre, Social Care Statistics*)

While there have been some improvements to mental health services since 2008, such as the Improving Access to Psychological Therapies Programme, the level of need remains high. *London School of Economics and Political Science (2012), How mental illnesses loses out in the NHS*. In Thanet referrals to primary care talking therapies has increased by 45% since 2012/13 and the number of people entering treatment is 1187. Cases are reported as more complex than other parts of Kent and 44% people reported recovery against a target of 50%. However 11% who recovered came off sick pay against a target of 5%.

NHS England has identified that 12581 people have an estimated need for primary care talking therapies in Thanet. Therefore the target of numbers of people entering treatment was achieved in Thanet.

Unfortunately the World Health Organisation predicts that depression will be the second biggest cause of illness by 2020 (Murray CJ. Lopez AD. (1996), *Evidence-based health policy; lessons from the Global Burden of Disease Study*) and by 2026, the number of people in England who experience a mental health problem is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million, even before the impact of the current recession is taken into account (McCrone P, Dhanasiri S, Patel A, et al (2008), *Paying the price. The cost of mental health care in England to 2026*)

Addressing inequalities is essential to reducing the prevalence of mental health problems. However, it is important to acknowledge that people will always experience adversity and difficult circumstances. It is as equally important, therefore to build resilience within people and communities to prepare for these times.

### **Context for Thanet**

Thanet district has suffered from long-term economic and social problems and is the most deprived local authority area in Kent; is among the 20% most deprived areas in the country (*English Indices of Deprivation 2010 Dept for Communities and Local Government*). Thanet council is in the process of developing a plan which will set out how and where homes, jobs, community facilities, shops and infrastructure will be delivered and the type of places and environments it wants to create to improve the quality of life and opportunities for local people.

Whilst the HWB strategy outcome four for mental health focuses very much on service provision for those who already have a mental health problem, the live it well strategy sets out the need to address mental health and wellbeing in a joined up way and make improvements for those with common mental health problems.

The Marmot Review looked at strategies for reducing health inequalities and concluded that “focusing solely on the most disadvantaged will not reduce health inequalities sufficiently”. It advised on both universal and targeted solutions to build individual and community resilience, with a particular focus on groups at increased risk of developing mental health problems such as people with long term physical health conditions, older people, pregnant women or new mothers who are socially isolated and people who are unemployed or in poor housing.

It is likely therefore that a targeted psychological and social approach in Thanet for those most at risk of developing a mental health problem and using the leadership and authority of the HWB partnership to drive forward together will have more of an impact on prevention, early detection, resilience and wellbeing.

### **Conclusion**

There is a strong moral and economic case to tackle the challenge that mental health problems pose for the people of Thanet. There is also evidence of the effectiveness of strategies and the practical steps that can be taken to reduce the prevalence of mental ill health to promote well-being and build resilience.

Making a difference to bigger health inequalities within Thanet needs to be targeted towards people who are most at risk.

Whilst it is important to improve pathways for people with mental illness (HWB strategy outcome 4) it is as equally important to address mental wellbeing and resilience so to improve the lives of more people in Thanet (Live it well). This will also enhance the other work to address health inequalities and improve physical health. (No health without mental health)

### **Recommendation**

The recommendation is to hold a Thanet summit for mental health to bring together the key leaders and decision makers from the partner organisations represented on the HWB Board to:

- Consider and understand the Joint Strategic Needs Assessment and Assets (JSNAA) for Thanet including those most at risk of developing mental health problems.
- Set the strategic direction for mental health and well-being in Thanet and open up new ways for a mental health and well-being focus across all services and departments
- Agree target groups and the actions required so frontline staff can make every contact count

The HWB Board is asked to approve the proposal to host a mental health summit for Thanet in January 2014.