

Commissioning and public mental health

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Important public mental health intelligence for effective commissioning

PMH intelligence for effective commissioning

- 1) **Local levels of mental disorder and well-being including in high risk groups**
- 2) **Local levels of risk and protective factors**
- 3) **Information about impact of mental disorder and low wellbeing**
- 4) **Information about local proportions receiving**
 - **Early treatment of mental disorder**
 - **Prevention of mental disorder**
 - **Promotion of mental wellbeing**
- 5) **Local resources**

To enable a range of public mental health tangibles

- 6) Delivery of appropriate level of interventions to**
 - **Treat mental disorder early**
 - **Prevent mental disorder**
 - **Promote wellbeing**
- 7) Improve range of key outcomes - social care, public health and health**
- 8) Reduce inequalities**
- 9) Facilitate parity between mental and physical health**
- 10) Deliver economic savings in time of austerity**

1) Assessment of local levels of mental disorder and well-being including in higher risk groups

Level of mental disorder in England

- **10%** of children and young people (Green et al, 2005)
- **17.6%** adults at least one common mental disorder (McManus et al, 2009)
- **0.4%** adults have psychosis
- **6%** alcohol dependent, **3%** dependent on illegal drugs, **21%** dependent on tobacco
- **5.4%** of men and **3.4%** of women have diagnosable personality disorder (Singleton et al, 2001)
- Dementia: **5%** of people aged over 65
20% of those aged over 80

Levels of mental wellbeing

ONS (2012) UK survey of 165,000 adults

- **Life satisfaction:** 76% scored 7/10 or more
7% scored less than 5/10
- **Life worthwhile** 80% scored 7/10 or more
5% scored less than 5/10
- **Happiness yesterday:** 78% scored 7/10 or more
11% scored less than 5/10

Local variation of levels of mental disorder and well-being

- **Local measures of mental disorder and wellbeing informs about numbers requiring intervention**

2. Levels of risk and protective factors

- **Public health approach recognises wider determinants and lifelong impact of mental health.**
- **Addressing determinants important to prevent mental illness and promote wellbeing**
- **Need for local measurement of such factors**

Risk factors

- **Household factors: Children from lowest 20% household income - 3 fold increased risk of mental health problems (Green et al, 2005)**
- **Parental factors: Poor parental mental health 4–5 fold increased rate in onset of mental disorder**

Childhood adversity

- **Strongest predictor of mental disorder (Kessler et al, 2010)**
- **Child abuse: several fold increased risk of every mental disorder (Jonas et al, 2011)**
- **Sexual abuse:** increased rates of adult depressive disorder (OR **6.2**), PTSD (OR **6.8**), probable psychosis (OR **15.3**), alcohol dependence (OR **5.2**), eating disorder (OR **11.7**) (Jonas et al, 2011) and attempted suicide (OR **9.4**) (Bebbington et al. 2009)

Proportion affected by risk factors is also important

- **Child abuse:** **25.3%** of 18-24 year olds and **18.6%** of 11-17 year olds experienced severe maltreatment during childhood (NSPCC, 2011)
- **Sexual abuse:**
 - **2.9%** of women and **0.8%** of men experienced sexual abuse in childhood (sexual intercourse) (Bebbington et al, 2011)

Risk factors in adulthood

Include

- **Socioeconomic inequality**
- **Unemployment** (**2.7** fold increase in CMD)
- **Debt** (**3** fold increase in CMD)
- **Violence**
- **Stressful life events**
- **Inadequate housing**
- **Fuel poverty** (**1.7** fold increased risk of CMD)

Factors associated with wellbeing

- **Genetic**
- **Early upbringing and experiences**
- **Demographics**
- **Socio-economic factors/ inequality**
- **Engagement in purposeful activity such as work**
- **Social support, networks, relationships**
- **Trust and participation**
- **Self-esteem, autonomy, values such as altruism**
- **Emotional and social literacy**
- **Physical health**
- **Spirituality**

Inequality underlies mental disorder and poor wellbeing

- **Inequality - key factor underlying many other risk factors**
- **Mental disorder then further increases inequality**
- **Higher risk groups benefit more from intervention to both prevent and treat mental disorder**

Certain groups at much higher risk of mental disorder and low wellbeing

- **Higher risk groups benefit more from intervention**
- **Need for information about **numbers** from higher risk groups**

Higher risk groups

- **Children with learning disability** - **6.5** fold increased risk of mental illness
- **Looked after children** - **5** fold increased risk of mental disorder
- **BME groups** - **3** fold increased risk of psychosis (Kirkbride et al, 2008)
- **Lesbian, gay and bisexual people** (Chakraborty et al, 2011)
- **Prisoners**
- **Homeless people**

3. Highlighting impact of mental disorder and poor wellbeing

Impact of mental disorder

WHO (2008) figures for burden of disease for UK (total DALYs)

- **Mental disorder** **22.8%**
- **Cardiovascular disease** **16.2%**
- **Cancer** **15.9%**

Mental disorder starts early

- **Key reason for size of burden**
- **50%** of lifetime mental illness (excluding dementia) starts by age **14**
- **75%** by mid twenties

Impact of mental disorder in childhood and adolescence

During childhood and adolescence

- **health outcomes**
- **self-harm and suicide**
- **educational outcomes**
- **social skills outcomes**
- **health risk behaviour**
- **teenage parenthood**
- **antisocial behaviour and offending**

Impacts of emotional and conduct disorder in children and young people (Green et al, 2005)

Risk Behaviour	Emotional Disorder	Conduct Disorder	No Disorder
Smoke Regularly (age 11- 16)	19%	30%	5%
Drink at least twice a week (age 11- 16)	5%	12%	3%
Ever Used Hard Drugs (age 11- 16)	6%	12%	1%
Have ever self harmed (self report)	21%	19%	4%
Have no friends	6%	8%	1%
Have ever been excluded from school	12%	34%	4%

Mental disorder in childhood and adolescence leads to poor adult outcomes

- **higher rates of adult mental disorder**
- **suicide**
- **unemployment and lower earnings**
- **marital problems**
- **crime and violence**

Impacts of poor mental health in adulthood

- **Health risk behaviour including poor diet, less exercise, more smoking, drug and alcohol misuse**
- **Poor physical health**
- **Suicide and self harm**
- **Reduced life expectancy**
- **Unemployment**
- **Poor housing**
- **Stigma and discrimination**

Mental disorder increases health risk behaviour

- **Smoking as an example**
- **Largest single preventable cause of death**
- **42%** of adult tobacco consumption in England is by those with mental disorder (McManus et al, 2010)
- **43%** of under 17 year old smokers have either emotional or conduct disorder (Green et al, 2005)

Mental disorder increases risk of physical illness

Depression associated with

- **50%** increased mortality from all disease

Schizophrenia associated with:

- **20.5** year reduced life expectancy for men and **16.4** year reduced life expectancy for women
- Increased mortality from all disease

Economic impact of mental disorder

Economic impact of mental disorder

- To UK economy: **£105 billion** annual cost of mental illness in England (CMH, 2010)
- To UK employers: **£28 billion** annually (NICE, 2009)
- Crime: **£60 billion** annual cost of crime in England and Wales by adults who had conduct problems during childhood and adolescence (SCMH, 2009)
- Significant local health and non-health impacts have significant local costs

Impact of wellbeing (RCPsych, 2010)

- **More than just absence of mental illness**
- **Similar broad range of impacts**
- **Improved resilience to broad range of adversity**

Health benefits of mental wellbeing

Associated with reductions in

- **Mental disorder in children and adolescents including persistence**
- **Mental disorder and suicide in adults**
- **Physical illness**
- **Associated health care utilisation**
- **Mortality**

Benefits outside health

- **Improved educational outcomes**
- **Healthier lifestyle/ reduced risk taking/ substance misuse**
- **Increased productivity at work, fewer missed days off work**
- **Higher income**
- **Social relationships**
- **Reduced anti-social behaviour, crime and violence**

4. Proportion of population receiving appropriate intervention

Proportion in UK with mental disorder receiving any treatment (Green et al, 2005; McManus et al, 2009)

- **28%** of parents of children with conduct disorder
- **24%** of adults with common mental disorder
- **28%** of adults screening positive for PTSD
- **81%** of adults with probable psychosis received some form of treatment compared to 85% in 2000.
- **65%** of adults with 'psychotic disorder' in past year
- **14%** of adults dependent on alcohol
- **14%** of adults dependent on cannabis only
- **36%** of adults dependent on other drugs
- **Less than 10%** of older people with depression receive adequate treatment

5. Resources

Spend on treatment of mental disorder and promotion/prevention

- **£11.9 billion** or 11.1% of annual budget spent on UK mental health services in 2009/10 (DH, 2012) (note disparity to 22.6% burden figure)
- **6.8%** of mental health budget spent on child and adolescent services
- In 2009/10, estimated national spend on adult mental health promotion **£3 million** (DH, 2011)
- Local per person expenditure figures available
- Context: Planned cuts over next 4 years

6. Support delivery of effective public mental health interventions to

- Treat mental disorder early
- Prevention
- Promotion wellbeing

Twin track approach of treatment and prevention/ promotion

- Prompt intervention for mental disorder is vital
- **BUT**
- **28%** reduction in burden even if all those with mental disorder received best available treatment (Andrews et al, 2004)
- Need for prevention/promotion to complement early treatment

Effective interventions

A range of effective interventions exist outlined in:

- 1) Cross Government public mental health strategy 'Confident Communities, Brighter Futures' (HMG, 2010)**
- 2) Royal College of Psychiatrists position statement on public mental health (RCPsych, 2010)**
- 3) Cross Government mental health strategy 'No health without mental health' (HMG, 2011)**
- 4) European Psychiatric Association guidance (2012)**
- 5) Public mental health Joint Commissioning Panel guidance to be published shortly**

Interventions from a range of service providers

Include:

- **Primary and secondary care**
- **Public Health service providers**
- **Local authorities**
- **Social care service providers**
- **Third sector social inclusion providers**
- **Education providers**
- **Employers**
- **Criminal justice services**

Three broad types of intervention

- **Early intervention**
- **Prevention**
- **Mental health promotion**

Early intervention

- **Early treatment for mental disorder improves outcomes and can prevent a significant proportion of adult mental disorder (Kim-Cohen et al, 2003)**
- **Early recognition of mental disorder through:**
 - **improved detection and treatment by health professionals**
 - **improved mental health literacy among the population to facilitate prompt help seeking**

- **Early intervention during psychosis pro-drome can prevent development of psychosis**
- **Early promotion of recovery through early provision of activities such as supported employment, housing support, and debt advice**
- **Early promotion of physical health and prevention of health risk behaviour and associated physical illness in those developing a mental disorder**

Mental health promotion interventions

- **Starting well**
- **Developing well**
- **Living well**
- **Working well**
- **Ageing well**
- **Caring well**
- **Engaging well**

Prevention interventions

Prevention of

- **mental illness and dementia**
- **health risk behaviours including smoking, alcohol and drug misuse**
- **inequality**
- **discrimination and stigma**
- **suicide**
- **violence and abuse**

PMH intelligence to identify levels of local need

- **PMH intelligence informs re local:**
 - **level of mental disorder and wellbeing**
 - **risk and protective factors, high risk groups**
 - **levels of intervention**
- **Enables transparency about proportion H&WB's and commissioners decide is acceptable to intervene**

7. Improve range of outcomes

- **PMH interventions impact on social care, public health, health and other outcomes**
- **Improved mental health, physical health, resilience, life expectancy, healthy lifestyles, economic productivity, social functioning and quality of life**
- **Reduced**
 - **Burden of mental ill-health**
 - **Inequalities**
 - **Health risk behaviour, crime**

8. Economic outcomes

Early intervention (DH, 2011)

- **Parenting interventions for families with conduct disorder £8**
- **Early diagnosis and treatment of depression at work £5** (savings by year 1)
- **Early detection in psychosis £10** (savings by year 2)
- **Early intervention of psychosis £18** (savings by year 1)
- **Screening and brief interventions in primary care for alcohol misuse £12** (savings in year 1)

Mental health promotion (DH, 2011)

- **Social and emotional learning programmes £84**
- **School-based interventions to reduce bullying £14**
- **Work based mental health promotion £10 by year 1**
- **Debt advice £4 (savings by year 2)**

Targeted promotion interventions for those recovering from mental illness

- **Employment support:** Individual Placement Support for people with severe mental illness annual savings **£6,000 per client** (Burns et al, 2009)
- **Housing support** services for men with enduring mental illness: annual savings **£11,000–£20,000 per client** (CSED, 2010).

Local economic savings can be calculated

- **Significant proportion accrue in areas outside health reflecting broad impacts of mental disorder and wellbeing**
- **Effective evidence based interventions exist with both short term as well as life course impacts**
- **Economic cost of not providing interventions**

9. Reduced inequalities

- **Interventions to address and prevent inequality can prevent mental disorder**
- **Mental disorder results in a further range of inequalities which can also be prevented by early:**
 - **treatment of mental disorder**
 - **intervention for health risk behaviours**
 - **detection and treatment of physical illness**
 - **wellbeing promotion to facilitate recovery**

10. Facilitate parity of mental health with physical health

- **Minority with mental disorder receive any intervention**
- **Virtually no spend on prevention/ promotion**
- **Contrast almost all with cancer receive intervention**
- **11% of NHS budget spent on treatment vs 23% burden of disease**

- **JSNA key vehicle to highlight unmet need**
- **Enhance early access to:**
 - **treatment for mental disorder**
 - **physical health care**
 - **interventions for health risk behaviour**
 - **interventions to prevent mental disorder and promote mental health**
- **Particularly for higher risk groups**

Summary

Public mental health intelligence enables local assessment of

- **Levels of mental disorder and wellbeing including in higher risk groups**
- **Local risk and protective factors**
- **Impact of mental disorder and low wellbeing**
- **Proportion receiving intervention for early treatment of mental disorder, prevention and promotion**

Public mental health

- **Provides key information to inform JSNA and H&WB strategy**
- **Facilitates early intervention for mental disorder and reduced treatment gap**
- **Can prevent large proportion of mental disorder and promote population wellbeing**

Appropriate PMH commissioning

Results in significant

- **improvements in a broad range of health, public health and social care outcomes**
- **personal, social and economic savings even in the short term**

Joint Commissioning Panel for Mental Health

www.jcpmh.info/

- **Collaboration between RCPsych, RCGP, RCN, DH, ADASS, Mental Health Providers Forum, NHS Confederation, Rethink, MIND, NSUN, NIP, BPS and others**
- **Supports commissioning of mental health care**
- **Public mental health commissioning guidance later this month**

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