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)

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