



No Health Without Mental Health: a guide for Health and Wellbeing Boards

Mental health problems account for almost one quarter of ill health in the UK and their prevalence is rising, with the World Health Organisation predicting that depression will be the second most common health condition worldwide by 2020. Poor mental health affects people of all ages yet with effective promotion, prevention and early intervention its impact can be reduced dramatically.

Following the publication of the implementation framework for the Government's mental health strategy, this briefing sets out the crucial role Health and Wellbeing Boards can play in improving the mental health of everyone in their communities and in enhancing the support offered to some of the most vulnerable and excluded members of society, to deliver duties enshrined in the Health and Social Care Act and relevant Outcomes Frameworks. These actions will help deliver the Government's commitment to ensuring 'parity of esteem' between physical and mental health across the full range of health, social care and other local services.

What can Health and Wellbeing boards do?

The recommendations below build on the Implementation Framework's key actions for Health and Wellbeing Boards:

- **Ensure local mental health needs are properly assessed and are given appropriate weight in comparison with physical health needs:** A robust JSNA (Joint Strategic Needs Assessment) process will ensure mental health needs, for people of all ages and including vulnerable, excluded and seldom heard groups, are thoroughly assessed – building on existing information and data. This will include links between mental and physical health and implications for families and carers.
- **Consider how to ensure mental health receives priority equal to physical health.** This could include appointing a named board member as a lead for mental health, consulting mental health organisations and professionals as part of their work and ensuring the JHWS has a clear focus on mental health.
- **Bring together local partnerships to improve mental health and enhance life chances:** Pooled and community budgets offer a means for achieving this.
- **Involve people in all aspects of development of JSNAs and Joint Health and Wellbeing**

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Strategy (JHWSs): This includes pro-active and meaningful involvement of the most vulnerable and excluded groups, who often have the highest levels of mental health need, as well as people who use mental health services, their families and carers. Local independent, voluntary, community and user- and carer-led organisations have significant knowledge of local mental health needs and assets as well as expertise in involving people in these processes.

- **Consider the mental health impact of services and initiatives beyond health and social care, such as housing and employment:** Gaining input from organisations outside the health and care system is particularly important in relation to mental health. This approach supports the Government's approach to tackling multiple disadvantage outlined in Social Justice: transforming lives, published in March 2012, and is in line with evidence about the wider determinants of mental health problems.

Facts and figures

At any one time, at least one person in six is experiencing a mental health condition (McManus et al., 2009). Depression and anxiety affect about half of the adult population at some point in their lives.

Mental health conditions account for 23% of the burden of disease but just 13% of NHS spending. Three-quarters of people affected never receive any treatment for their mental health condition (LSE, 2012).

Mental ill health costs some £105 billion each year in England alone. This includes £21bn in health and social care costs and £29bn in losses to business (Centre for Mental Health, 2010).

Half of all lifetime mental health problems emerge before the age of 14 (Kim-Cohen et al., 2003; Kessler et al., 2005).

People with a severe mental illness die up to 20 years younger than their peers in the UK (Chang et al., 2011; Brown et al., 2010). The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC, 2012).

People with mental health conditions consume 42% of all tobacco in England (McManus et al., 2010). The single largest cause of increased levels of physical illness and reduced life expectancy is higher levels of smoking (Brown et al., 2010).

Objectives from the strategy

The Government's mental health strategy for England, No Health Without Mental Health, set out six key objectives for better mental health and improved mental health care. It can be found at www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm.

The six objectives are:

More people will have good mental health

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.

More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – 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.

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.

More people will have a positive experience of care and support

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.

Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

Embedding mental health in Joint Health and Wellbeing Strategies

By leading on the development of Joint Strategic Needs Assessments and joint health and wellbeing strategies, Health and Wellbeing Boards can set priorities for a range of local services.

Mental health and wellbeing are intimately linked with a range of other issues. For example:

- Behavioural problems in childhood and school exclusions are strongly related to later offending, poverty and family breakdown.
- Insecure housing among young people dramatically increases the risk of a range of mental health problems, while poor mental health is commonplace among those who are homeless.
- Smoking rates among people with mental health conditions are extremely high.

Action to improve physical health in a locality will thus be markedly less effective unless the mental health dimensions of poor overall health are addressed as part and parcel of this process.

Promotion, prevention and early intervention

From early infancy to old age, the sooner a mental health difficulty is spotted the better. Mental health problems often first emerge in childhood and persist into adult life without effective intervention. Yet they can be managed and prevented through cost-effective interventions such as parenting support, anti-bullying initiatives in schools and brief alcohol screening and advice in general practice.

Health and Wellbeing Boards will be well placed to encourage local commissioners to shift investment to support promotion, prevention and early intervention. By taking an ‘asset-based approach’ (Local Government Group, 2011) to their communities, HWBs can support local groups that are well placed to promote positive mental health.

This is particularly important for some Black and minority ethnic communities, whose experiences of health services have been poor, as they are over-represented in secondary care services and experience higher levels of detention and compulsion.

East Riding of Yorkshire shadow HWB has identified children’s emotional health and wellbeing as one of three priorities for its joint health and wellbeing strategy. It has agreed to work alongside the local children’s trust to determine how to focus its resources in this area.

Joining services together

The Local Government Group (2011) says that “HWBs offer the opportunity for system-wide leadership to improve both health outcomes and health and care services... by promoting joint commissioning and integrated delivery.”

Many people with mental health conditions need support from a range of different agencies. Too often they duplicate efforts, work at cross purposes or create gaps that place vulnerable people at risk. Pulling the efforts of different agencies together will both improve the support people receive and save public money. Health and Wellbeing Boards are ideally placed to act as ‘glue’ for local services.

For example, at least 75% of drug and alcohol service users have a mental health condition and more than 40% of mental health service users have a substance misuse problem (Weaver et al 2002). And 30% of people with a long-term physical illness also have a mental health condition; this ‘co-morbidity’ dramatically worsens their physical health and increases their mortality rate.

Yet people with multiple needs rarely receive integrated care, often at high cost to themselves, their families and their communities. Joint commissioning of support to this group, led by the HWB, could radically improve their care as well as

achieving better value for money in both public health and NHS budgets.

Birmingham's Shadow HWB aims to oversee existing local joint commissioning (including a £315 million pooled mental health and learning disability budget) and to identify opportunities for new pooled budget arrangements – for example for children's services. The Board has visited a range of community organisations to establish links between them, developed a social media presence and set up a neighbourhood HWB in one locality.

A pilot scheme in Cambridgeshire to coordinate support for people facing multiple needs and exclusions improved wellbeing and reduced the cost to the criminal justice system in its first year, more than offsetting the cost of the extra support that was provided (Battrick et al., 2012).

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