Re-thinking talking therapies: how a focus on mental wellbeing improves the Public’s Health

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The New Public Health System: an integrated whole system approach

**Government**
- DH responsible to parliament, with clear line of sight through system
- Cross-government senior officials group to improve health outcomes and use Cabinet Committee structure as required
- CMO to continue to provide independent advice to Government

**Public Health England**
- New, integrated national body
- Strengthened health protection systems
- Supporting the whole system through expertise, evidence and intelligence

**Local authorities**
- New public health functions integrated into their wider role, helping to tackle the wider social and economic determinants of health.
- Leading for improving health and coordinating locally for protecting health
- Promoting population health and wellbeing – role of Directors of Public Health

**NHS**
- Delivering health care and tackling inequalities
- Making every contact count
- Specific public health interventions, such as cancer screening
Public Health England

Public Health England’s mission is to work with and alongside others to protect and improve the public’s health and well-being and reduce inequalities through our advocacy; application of knowledge, evidence and insight; transparent reporting of outcomes; and nurturing the public health system and its workforce.
Mental disorder accounts for largest burden (23%) of diseases in England and affects >1 in 4 of the population at any time. Mental wellbeing is associated with improved outcomes in health, education, employment, reduced crime and antisocial behaviour. Public mental health: Better assessment; interventions; prioritization.

All major causes of CVD and cancer. Poor diet accounts for one third of deaths from cancer and CVD. Low levels of physical activity increases the risk of CVD, colorectal and breast cancer by 20-35%. Obesity increases risk of type II diabetes (5-13 times), hypertension (2-3 times) and colorectal cancer (3 times) in men.

Accounts for 20% of new cases of cancer (23%M and 16%F). Tobacco causes nearly 1 in 5 deaths in England annually. For each death, 20 more suffer tobacco-related illnesses. Comprehensive cessation programs; excise tax increases; 100% smoke-free policies; media campaigns; cessation access; advertising restrictions work.

Much of the cost of drug and alcohol misuse occurs to the criminal justice system. The main costs to society from drug and alcohol misuse are from related crime. This is different to other lifestyle health-related areas and needs a different public health response.

By the end of 2012 likely more than 100,000 PLWHA in the UK. Late diagnosis a major problem with 50% diagnosed with CD4<350. Millions of STD diagnosed annually, esp. among youth, MSM, minorities. HIV/STD screening, early treatment, partner notification, social marketing campaigns, condom access, and policy to address stigma and discrimination are key interventions.

While supporting and ensuring progress against the PHOF, the Directorate will provide enhanced focus on the major drivers of mortality and morbidity in England where further gains may be made by scaling known, effective strategies.
‘Improving the Public’s Mental Health’

• Promotion of good mental health, mental wellbeing – social, emotional, psychological – across life stages, in how we live our lives ‘lifestyle’ and where we live ‘place’.

• Prevention of mental illness and mental health problems

• Improving the quality of life and wellbeing for those living with and recovering from mental illness (jobs, homes, friends, income, health)
In 5 Years We Envision:

**Shaping the Narrative**
- Evidence of a range of programmes in place across the majority of Local Government Areas

**Achieving Sustainability**
- A New National Narrative on mental health in public health

**Building Capacity**
- A Trained Workforce Across the System (Specialist and Generalist)
- Leaders in mental health in public health identified across local areas.

**Developing Leadership**
- Robust information, data, measures, analysis and using this to make an impact on outcomes

**Making an Impact**
- National sources of intelligence, information, evidence and good practice readily available.

**Deliver Resources**
- A Trained Workforce Across the System (Specialist and Generalist)
- Leaders in mental health in public health identified across local areas.

- Robust information, data, measures, analysis and using this to make an impact on outcomes

- National sources of intelligence, information, evidence and good practice readily available.
Focus on:

- Early Years – including maternal mental health and parenting support
- Schools based work - Life skills and resilience
- Adults - Working Life – work and health
- Communities – resilience, assets
- Health and wellbeing of those living with and recovering from mental health difficulties – premature mortality
- Older adults - Social Isolation
Defining health and wellbeing

• Health is a state of **complete physical, mental and social well-being** and not merely the absence of illness, disease or infirmity.

• Well-being is a **dynamic process** that gives people a sense of how their lives are going, through the interaction between their circumstances, activities and social, emotional and psychological resources or ‘mental capital’.
Health and wellbeing – what influences it?

Source: Holt-Lundstad et al 2010
Emerging Work

The Relationships Alliance 2013, ‘Relationships: The Missing Link in Public Health’

BACP 2013, ‘The Role of Counselling and Psychotherapy in Improving the Public’s Health and Wellbeing’

BACP and LSE 2013, ‘Counselling and Psychotherapy: is there an economic case for psychological interventions?’ (Ardino and Knapp)
Employment and mental health

Opportunities for action to support recovery and wellbeing
Good jobs enhance health and well-being and can promote recovery from mental illness (DH 2010, Rickey et al 2012, Waddel and Burton 2006).

In both the short- and longer-term, being in work reduces the need for health services (Bush et al 2009, Dewe and Kompier 2008, Gill and Sharpe 1999, NMHDU 2010, Naylor and Bell, 2010).

Employment can enhance access to wider social and economic determinants of healthy life expectancy such as a living income, secure housing, social networks, and increased agency (Collingwood 2011, Marmot 2010, TUC 2012).

Many people living with mental illness see work as an important part of their recovery and value its place in enabling them to contribute to society, be part of social networks, build identity, and find hope or meaning (MIND 2011, Perkins et al 2009, Rinaldi et al 2010, Shaw Trust 2010).
Potential health benefits of ‘good’ work

- Work with job satisfaction and autonomy contributes to better health and wellbeing, lower mortality and increased healthy life expectancy
- Employment can contribute to reduced psychological distress, more sense of social status and psychological identity
- For school leavers and young adults, there is a link between finding employment and improvements in locus of control and self esteem
- Work imposes time structure, provides social contacts, provides opportunities to contribute to collective endeavours, and can provide regular purposeful and productive activity.
- Return to work after acute symptoms of depression have eased, but before it has completely resolved, may aid recovery

Despite many wanting to work, people living with mental illness are significantly disadvantaged in their attempts to gain or stay in employment (CIPD 2011, NIC 2011, Paul and Moser 2009, Perkins et al 2009, Sayce 2011, Shaw Trust 2010).

Employment rates for people living with mental illness are between just 16% and 35% (McDaid et al 2008, Perkins et al 2009) and tend to be much lower than rates for people without a health condition (77%) or those with long-term physical health problems (59%) (Black and Frost 2011, ONS 2011).

Depression and anxiety are 4 to 10 times more prevalent among people who have been unemployed for more than 12 weeks (Rinaldi et al 2010).

The risk for mental health problems continuously rises through the first nine months of unemployment and only recedes partially afterwards (Paul and Moser 2009).
Health consequences of being out of work – variation by route

**Unemployment**

- greater intra familial stress, friction, and tension.
- risk factor for alcohol-related problems, smoking and illicit drug use
- large increase in accidents and suicide (causality unclear)
- Social impacts including isolation, financial stress, loss of status

**Job loss**

- Involuntary job loss can result in a decline in mental and physical health
- Retirement is not associated with significant decline in health – and may improve mental health (particularly in higher socioeconomic groups)
- However, early retirement (at 55 years) is associated with higher mortality

The challenges of working through periods of illness

• As many as 26% of staff are working despite long-term health challenges

• 26% of employers (in 2011 CIPD survey) reported they had experienced mental health problems while in employment

• 53% of employees with poor mental health say they always go to work despite this and 41% say they sometimes do and they report this impacts on:
  o concentration, learning and ability to make decisions;
  o delivery of multiple or complex tasks;
  o being patient with clients or customers; and
  o getting into conflict with colleagues
Work and Wellbeing

Benefits to employees

✓ Individual resilience
✓ Improved physical and mental health
✓ Ability to contribute and be valued
✓ Recovery from mental illness
✓ Access to wider social and economic determinants of healthy life expectancy eg. living income, secure housing, social networks

Benefits to organisations

✓ Organisational resilience
✓ Reduced sickness absence and ‘presenteeism’
✓ Improved employee engagement, motivation, and productivity
✓ Enhanced reputation with (potential) employers and clients
✓ Contribution to ‘duty of care’ and legal responsibilities
The challenge of achieving workplace well-being – and what you can do to contribute…….
Thinking the ‘Public’s Mental Health’

How talking therapies can take a public health approach
Knowing your local population and getting the same access & outcomes across all groups, in particular:

- Men
- Older people
- Undocumented migrants
- People with hearing difficulties
- Language not the only issue, service has to be culturally appropriate too
- Housebound
- Children and young people
- LGBT
- Rural communities
Waiting list/Preparing for end of therapy

- Promote ‘5 ways to wellbeing’ and support people to do them
- Signposting (eg. to debt/welfare benefit advice)
- Mindfulness
- Self help
- Bibliotherapy
- Arts and creativity
- Exercise/Green gyms/gardening
- Reducing social isolation eg volunteering, befriending, hobbies
- Peer support
- Online forums/digital support
- Follow up sessions post therapy
LIFE CAN ALWAYS GET BETTER.
FEEL GOOD GREENWICH IS HERE TO HELP.

On this site, you can find out about things you can try to feel better, from new activities to meeting people who might feel like you. The services we offer are for everyone who lives in Greenwich.

You can also call the Feel Good Greenwich line on 07557 230560. Our friendly volunteers will be happy to talk to you about our activities and suggest things which you might like to try.

You can also call the Feel Good Greenwich line if you would like ideas for ways to help a friend, partner or relative feel better. We will always keep the details of our conversations confidential.
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Welcome to Connect & Do

What is Connect & Do?
New Beginnings (Expert Patient Programme)

How can it help you?

By taking part in a ‘New Beginnings’ Mental Health Course you will:

- Develop the confidence to take more control of your life
- Learn simple but effective skills to aid everyday living
- Meet others who have shared similar experiences
- Plan ahead so that you can deal effectively with any blips or future problems
- Learn about developing more effective relationships with healthcare professionals
- Reach your own personal goals

For details about courses in your area contact:

“Definitely makes you realise you are not on your own.”

“My future goal includes feeling confident and capable of coping on my own.”

www.expertpatients.co.uk

Or visit www.expertpatients.co.uk
“I've found a real sense of community and belonging in my group. It has helped me to come out of isolation when not very well. I've really enjoyed discovering new/different books and poems that I wouldn't necessarily read on my own. It has built my confidence and provides an important part of structuring my week.”

www.thereader.org.uk
Working with others

- Strengthening links between talking therapies and health improvement teams
- Referrals between talking therapies and smoking cessation, exercise on referral, weight mgmt, alcohol brief screening and intervention, health trainers etc.
- Development of integrated products eg. ‘Food and mood’ workshops
- Building relationships with partners to reach the whole community eg. faith communities, extended schools, asylum seeker & refugee groups, disability charities, carer’s organisations
- Helping to tackle stigma surrounding mental health
- Co-producing services with local communities
- Clients being the ambassadors for the service back into their community
Using your skills to benefit the community

• Sharing skill set and knowledge with others eg. librarians, housing officers

• What other workers would benefit from talking therapy skills/techniques?

• Helping to set up peer support/self help groups eg. in estates with housing/community development officers

• Groups that focus on anger management and sleep delivered in community settings
Some thoughts

• What can the local/national public health system do to support this?
• What are you doing to reach people in your community?
• Where are the gaps when a person finishes therapy?
• How can you support a person to take action to improve their wellbeing?
• What links can be made with health improvement teams? Eg. exercise on referral, smoking cessation
• How can you influence upwards and feed back local intelligence?