

County Durham  
Public Mental Health Strategy  
Executive Summary

2013 - 2017

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## ***Public Mental Health Strategy: Vision and Objectives***

**The vision: *Individuals, families and communities within County Durham to be supported to achieve their optimum mental wellbeing.***

### **Key Objectives**

#### Promoting Mental Health

- Objective 1: Improve mental health and wellbeing of individuals through engagement, information, activities, access to services and education.

#### Prevention of Mental Ill-Health

- Objective 2: Prevention of mental illness and dementia through targeted interventions for groups at high risk
- Objective 3: Reduce the suicide and self-harm rate for County Durham
- Objective 4: Improve physical health of people with poor mental health through integration of mental health into existing programmes and targeted approach to those experiencing mental ill-health
- Objective 5: Reduce stigma and discrimination towards people who experience mental health problems by raising awareness amongst the general public, workplaces and other settings.
- Objective 6: Prevent violence and abuse through interventions which promote mental health and target interventions for those in high risk groups.

#### Early Identification of those at risk of Mental Ill-Health

- Objective 7: Improve early detection and intervention for mental ill-health across lifespan
- Objective 8: Promote mental health and prevent mental ill-health through targeted intervention for individuals with mild symptoms.
- Objective 9: Increase early recognition of mental ill-health through improved detection by screening and training the workforce.

#### Recovery from Mental Ill-Health

- Objective 10: Improve recovery through early provision of a range of interventions including supported employment, housing support and debt advice.

## ***Mental Health Profile***

Mental illness has a range of significant impacts with 20% of the total burden of disease in the UK attributable to mental illness (including suicide), compared with 17% for cardiovascular diseases and 16% for cancer. This burden is due to the fact that mental illness is not uncommon

- At least one in four people will experience a mental health problem at some point in their life.
- One in ten children aged between 5-16 years has a mental health problem, and many continue to have mental health problems into adulthood.
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s.
- Almost half of all adults will experience at least one episode of depression during their lifetime.
- One in ten new mothers experiences postnatal depression. Over a third (34%) of people with mental health problems rate their quality of life as poor, compared with 3% of those without mental illness.
- 25% of older adults have depression requiring intervention
- Dementia affects 20% of people aged over 80

Levels of mental illness are projected to increase. By 2026, the number of people in England who experience a mental illness is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million<sup>1</sup>. However, this does not take account of the current economic climate which may increase prevalence

Those at higher risk of suffering from poor mental health include:

- More deprived populations
- Those with poor educational attainment
- The unemployed
- Older people
- Those with long term conditions e.g. coronary heart disease
- People with learning disabilities

Nearly 30 % of the residents of County Durham live in the most deprived areas of England, while 10 % of residents live in some of the least deprived areas in England.

People with mental health problems are twice as likely as the general population to experience a long term illness or disability. The percentage of the population aged over 65 with a limiting long term illness within County Durham (2001) was 23.5% compared to a national average of 16.9% of population.

Young people aged 16-18 years old who are not in education, training or employment (NEETS) are more likely to have poor health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from

mental health problems. County Durham is significantly worse than the England average with a rate of 7.5 per 1000 population compared to 6.2 nationally.

Long term worklessness is associated with poorer physical and mental health. County Durham rate per 1,000 population working age adults who are unemployed, (2010/11) is higher than England with a rate of 62.2 compared to England rate of 59.4.

POPPI<sup>2</sup> (2011) predicts that in County Durham the number of people predicted to have:

- depression will rise from 7,986 to 11,869 (48.6%).
- limiting long term illness will rise from 52,734 to 79,188 (50.2%).
- severe depression will rise from 2,512 to 3,870 (54.1%).
- dementia will rise from 6,153 to 10,951 (78%)

Labour Market Profile for County Durham<sup>3</sup> estimate 6,060 carers in receipt of carers allowance within County Durham. However based on 2001 census data there are 57,225 carers living in the County Durham, of those 14,000 are providing 50 hours or more of care a week.

## ***Priority Groups***

- Children and Young People
- People with Learning Disabilities and Behavioral Conditions
- Those at high risk of Suicide and Self Harm
- People who are unemployed
- People who are Homeless
- People with co-morbidity of drug and alcohol misuse
- Carers
- Veterans
- People over 65 years

## ***Summary of Action Plan 2012-2017***

### Promoting Mental Health

Ensure commissioners and partners utilise the Mental Wellbeing Impact Assessment Tool which will enable organisations and communities to engage with and improve mental health and well-being and to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental well-being.

Develop interventions which aim to improve mental health and wellbeing of children and young people through:

- foster supportive relationships within families and other social networks
- promote 'peer counselling' interventions which build on the coping strategies identified by young people (e.g. physical activities, creative activities, engaging in pleasant activities)
- promote the importance of effective parenting
- promote the role of schools and colleges in delivering a 'whole school' approach to supporting all pupils' wellbeing and resilience
- address bullying both within school and community environment
- ensure children's workforce are aware of how mental health relates to their work

Through the delivery of local workplace health programme, employers will promote healthy workplaces for all, and tackle the causes of mental ill health at work.

Examine how interventions for older people can be extended to address social isolation, increase social interaction and promote greater, safer independent lives.

Ensure services promote equality and are accessible and acceptable to all. Public bodies meet their obligations under Equality Act<sup>4</sup> in relation to mental health and ensure quality of access and outcomes for groups with particular mental health needs, which may include the most vulnerable in society.

Local public health campaigns target people with mental health problems to tackle smoking, obesity and co-morbidities.

More individuals and organisations join the Time to Change and Mindful Employer campaigns<sup>5</sup>

Organisations challenge poor reporting and ensure consistent reporting of mental health issues in the media.

Develop capability and capacity within the wider workforce to deliver services which support and promote public mental health.

## Prevention of Mental Ill-Health

Multi-year (interventions with young people that extend over many years of their lives), strategies to address high-risk behaviour in school including prevention, intervention and post-vention (bereavement support after suicide) need to be developed and evaluated systematically.

Encourage collaboration in the delivery of effective public mental health approaches which recognise that illness, health and wellbeing are influenced by a broad range of social, cultural, economic, psychological, and environmental factors at every stage of the life course.

Expand local provision of social prescribing options to include arts on prescription, leisure on prescription, learning on prescription, computerised CBT, books on prescription, and exercise on prescription.

Support carers in their caring role enabling them to have a life of their own and to stay mentally and physically well

Promote the delivery of the outcomes in the National Dementia Strategy<sup>6</sup>. Improve opportunities for people experiencing mental health issues or who may need extra support to access and retain employment, a place in education or training and other meaningful activity in the community.

Employment support organisations to use effective approaches to help people with mental health problems to find and keep work.

Increase provision of general bereavement support services and bespoke individual and group post-vention support

Provide access to local relationship support services

Ensure health and social care services consider the impact of domestic violence on mental health and wellbeing and provide support appropriately

Provide an integrated welfare rights and money/debt advice service targeted at people within County Durham experiencing mental health issues.

Improve access to lifestyle advice including stop smoking and weight management services within community venues for people with poor mental health.

Co-ordinate services to increase the physical health of people with poor mental health through the promotion of healthy lifestyles and reducing health risk behaviours.

Promote the delivery of physical health checks to improve the physical health of people with poor mental health.



### Early Identification of those at risk of Mental Ill-Health

Through additional education and training, public services will recognise people, of all ages at risk of mental health problems and take appropriate timely action; recognise the wider determinants of mental health and wellbeing including how these differ for specific groups and address them accordingly.

Frontline workers, across the full range of services, are trained to understand mental health, principles of recovery and suicide prevention.

Develop a dual diagnosis strategy for people with dual mental health/learning disability and substance misuse issues.

Ensure early recognition of mental illness through improved detection by screening and health professional education programmes as well as improved mental health literacy among the population to facilitate prompt help seeking.

### Recovery from Mental Ill-Health

Services work together to support people with mental health problems to maintain, or return to, employment.

Provide specialist employment support service for individuals' with mental illness, accessing primary care services, who are receiving sickness benefits or who are at risk of losing their employment as a result of mental health difficulties.

Provide specialist employment support for those with severe mental illness, utilising the evidence based model of Individual Placement and Support

Improve access for individuals into support and recovery through early provision of activities such as supported employment, housing support, and debt advice.

## **Governance**

The performance management framework aligns to the priorities identified within No Health without Mental Health. The Public Mental Health Strategy group is accountable to the County Durham Mental Health Partnership Board. Progress on delivery of the strategic objectives and action plan will be reported on a six monthly basis to the Children and Families Trust and to the Health and Wellbeing Board.

The Public Mental Health Strategy Group considers a quarterly performance report which contains a range of indicators. The Public Mental Health Strategy Group maintains an action plan appropriate to the issues raised from the performance report. Any key issues are escalated to the County Durham Mental Health Partnership Board.

## ***Appendix 1*** Bibliography

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<sup>1</sup> McCrone P, Dhanasiri S, Patel A, et al (2008)

<sup>2</sup> Projecting Older People Population Information Systems (POPPI), 2010

<sup>3</sup> Office of National Statistics, 2012

<sup>4</sup> Equality Act 2010

<sup>5</sup> Time to Change 2008. Stigma shout: service user and carer experiences of stigma and discrimination. London: Time to Change

<sup>6</sup> National Dementia Strategy