Public Health England

Protecting and improving the nation's health

The Case for Prevention

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The Cambridge MindEd Trust Conference
Mental Illness: Prevention & Early Intervention in Education
St Catharine's College, Cambridge, March 18th 2016

PHE Public Mental Health (working nationally and locally)

- We provide **specialist, expert advice and support** to colleagues both nationally and locally
- We **work with** local authorities to support them as they develop their local plans and deal with local issues, innovate and change
- We **commission** resources to provide stakeholders with a better understanding of challenges and opportunities, and tools to help them address these
- We **work with academics** and researchers to make linkages between the research base, policy and practice
- We **facilitate** and work across organisational boundaries to take opportunities to improve health and wellbeing and reduce health inequalities
- **We build and sustain partnerships** between statutory, business, academic, community and voluntary sectors at local and national level
- We **work with and support** the Department of Health as their ALB, and **advocate** to central Government and a wide range of Government

The Challenge

- Attention for Prevention
- Continuing austerity
- Making the case for integrated investment
- Having good Intelligence
- Capacity and Capability
- Wider Ownership for health and wellbeing

Responding to the challenge

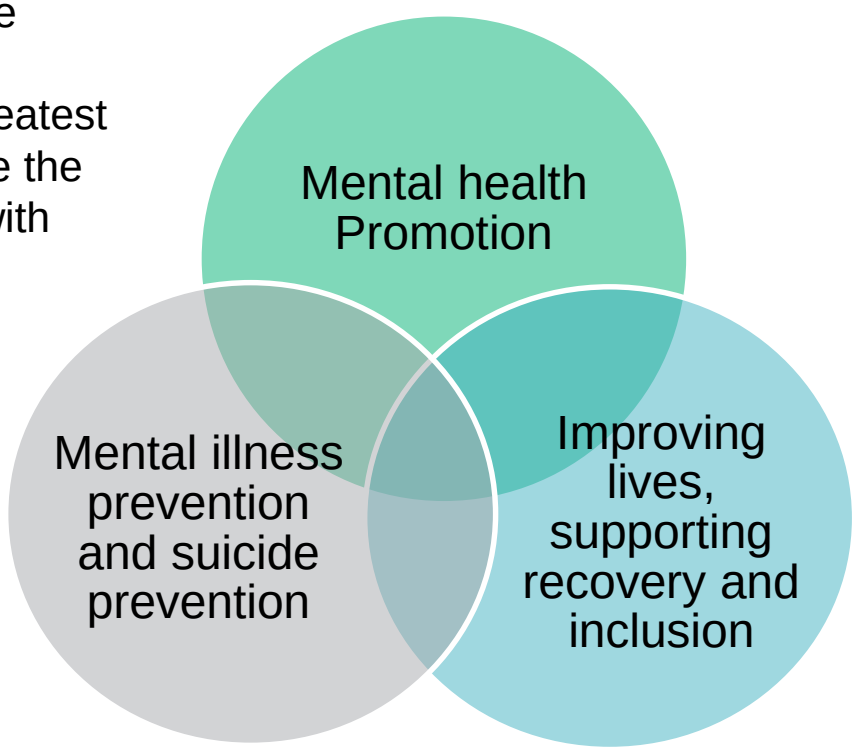
Mental health

Our ambition

Everyone, irrespective of where they live, has the opportunity to achieve good mental health and wellbeing…especially communities facing the greatest barriers and those people who have to overcome the most disadvantages. This includes those living with and recovering from mental illness.

Key priorities for our work:

- children and young people
- employment and working life
- suicide prevention
- improving the lives of people living with and recovering from mental health problems



Leadership focused on action

PHE uses four underpinning principles in its approach to supporting the system to improve the public's mental health:

1. Life-course approach
2. Ensuring those at highest risk receive the greatest levels of support
3. Place and settings-based approaches
4. Addressing the wider social determinants

This approach is key to securing and sustaining positive impact for individuals, families and communities

The approach has been endorsed by diverse local and national partners

Leadership focused on action

1. Promoting **good mental health** and improving population wellbeing
2. Preventing **mental health problems** and preventing **suicide and self harm**
3. Supporting people living with and recovering from **mental illness**
4. Tackling **inequalities** and improving the wider determinants of wellbeing and mental health
5. Enabling and embedding **wellbeing and mental health** across the public health system

Leading and working in partnership (examples)

Preventing mental ill health

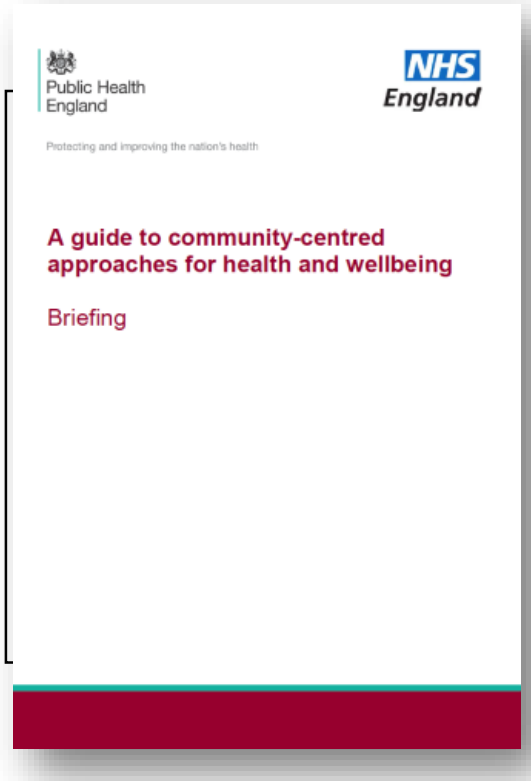
Public mental health leadership and workforce development framework

www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework

A guide to community-centred approaches for health and wellbeing

Building confident and connected communities

www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches



What Works Centre for Wellbeing

- Aim: to understand what governments, communities, businesses and individuals can do to increase wellbeing.
- Approach: Collate → Synthesise → Translate Evidence

www.whatworkswellbeing.org

A Public Health approach

Strategic

- Life course
- Evidence and data
- Health inequalities and the social determinants

Tactical

- Prevention and early intervention – *evidence based*
- Asset based and holistic approach – *families and building resilience*
- Integrated responses – *whole-systems, multi agency*

Health?.....

Socially determined and shaped – more by the way in which our society is organised, than by our individual 'merit' or the quality of the health care system.

Good health is **more than the absence of disease** or illness.

There is a **'social' gradient**.

Need to address the **causes of the causes** – poverty, isolation, violence, worklessness, environment and housing, caring……

Key areas are early childhood development, education, work and working conditions, older people (connected and cared for), resilient and engaged communities.

Sir Michael Marmot 'The Health Gap' 2015

Prevention as part of public mental health

World Health Organisation's definition of public mental health:

- Mental health is "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."
- Public mental health relates to "both the promotion and protection of mental health and to the prevention and treatment of mental illness."
- Traditional approaches focus on mental illness recognising suffering, disability or morbidity due to mental and neurological disorders and the influence of individual genetic, biological and psychological factors.

Rationale

- Public mental health recognises that problems are determined by multiple and interacting social, psychological, and biological factors.
- Recognising the strong economic case, the NHS England 5 Year Forward View challenges the system to orientate more towards prevention.
- Chief Medical Officer recommends WHO definition as part of an 'at scale' approach to improving the public's mental health across England.

The case for a shift to prevention

- Investment in the early years will yield returns in the future
- Avoid the human and economic costs associated with adverse childhood and adult life experiences
- Shift to prevention in child health profound impact on children's lives and save money in both long and short term

Estimated costs of dealing with a range of health and social problems:

- Youth unemployment £133m per week
- Youth crime £1.2billion per year
- Educational underachievement £22 billion per generation
- One year in children residential home £149,240
- One year in foster care £35,152
- Admission to inpatient CAMHS £24,482

Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. Department of Health, 2013

Benefits of improving wellbeing include

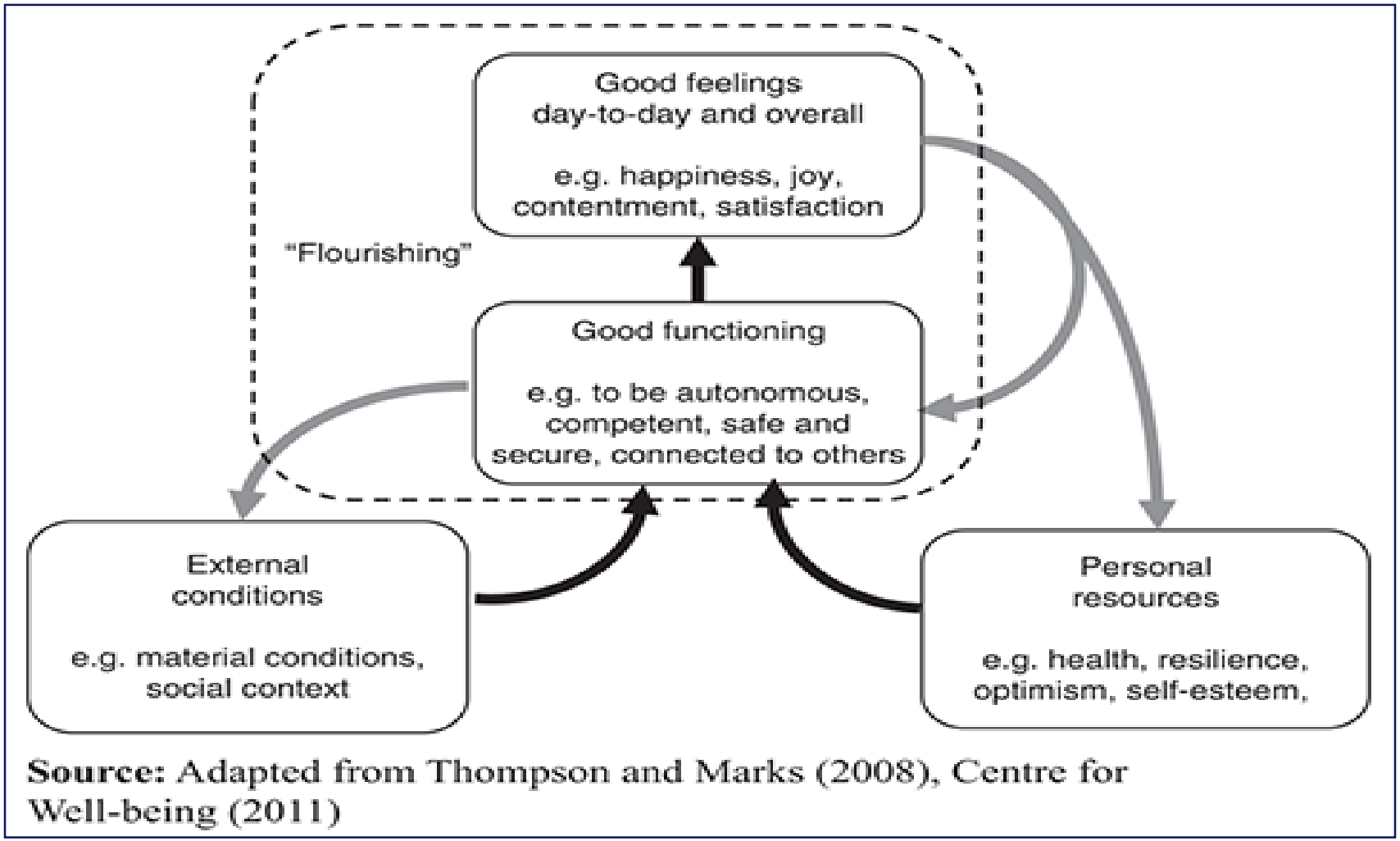
Health Benefits:

- reduced mental illness and suicide
- improved physical health
- Improved and sustained recovery
- reduced health care utilisation
- reduced mortality.

Wider benefits include:

- improved educational outcomes, learning and cognitive ability
- reduced health risk behaviour such as smoking, alcohol and substance misuse
- increased productivity, employment retention and reduced sickness absence
- reduced antisocial behaviour, crime and violence
- improved social relationships.
- higher levels of social interaction and participation in community life

Flourishing People



Source: Adapted from Thompson and Marks (2008), Centre for Well-being (2011)

The case for a shift to prevention

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Public Health England

- **Between 10 and 20% of women develop a mental illness during pregnancy or within the first year after having a baby**
- **In some parts of the UK, over 50% of children start school without essential communication skills** *(I CAN)*
- **One in ten children between the ages of 5 and 16 has a mental health disorder** *(The Office for National Statistics ;Mental health in children and young people in Great Britain, 2005);* **Half of those who will ever be diagnosed with a mental disorder show signs of the disease by age 14, three-quarters by age 25**
- **Mental illness persists over time in one in three children**
- **Up to one in five 15-year-olds say they self-harm** *(Health Behaviour of School Aged Children, 2015)*
- **Children in households with no employment or income less than £400/- per week are more likely to have mental illness**

Evidence of significant inequalities

- Half of children in areas of social disadvantage have significant language delays

Locke A, et al (2011)

- Childhood Obesity prevalence in the most deprived 10% of the population is approximately twice that among in the least deprived 10%. At age 4 – 5 yrs prevalence of obesity in the most deprived decile is 12% compared with 6.6% in the least deprived

National Child Measurement Programme (2013/14)

- Death rates for injury and poisoning have fallen for all social groups except the poorest: these children are 13 times more likely to die

Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. Department of Health, 2013

- Key adverse health outcomes would be reduced by 18–59% if all children were as healthy as the most socially advantaged

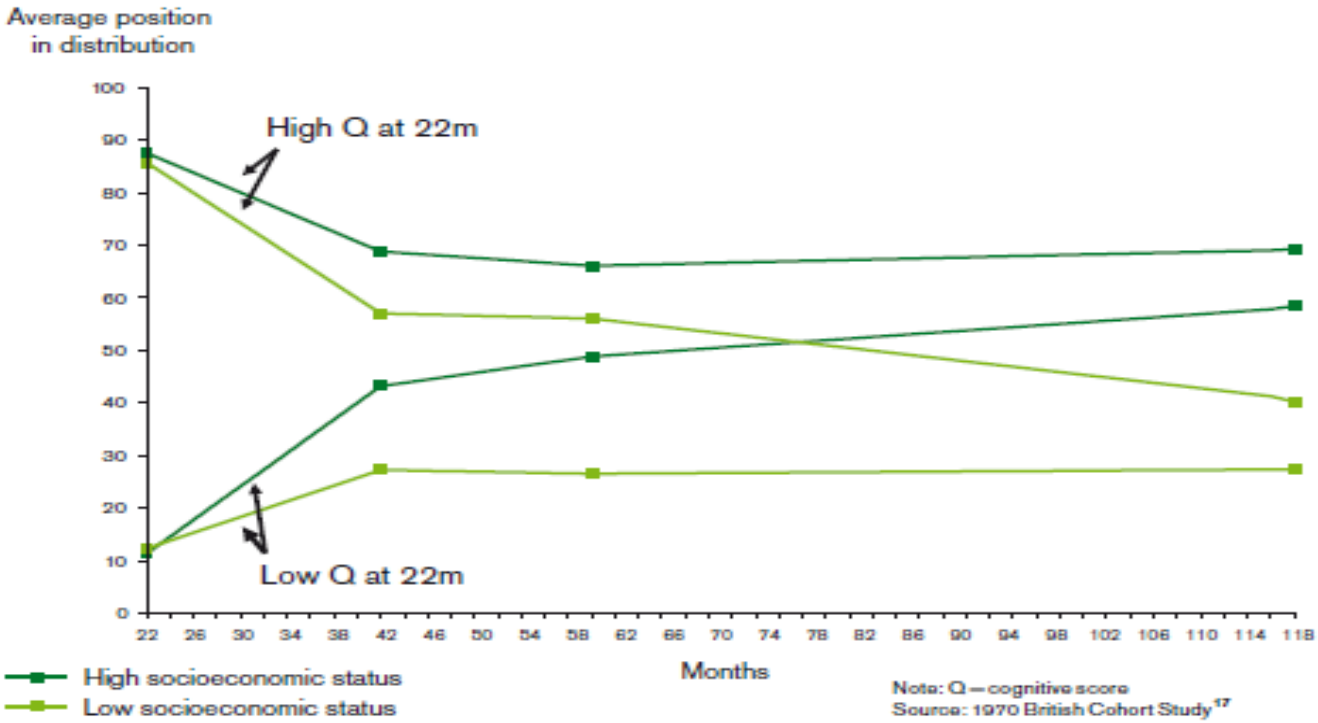
Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. Department of Health, 2013

Public Health England

Environment matters for short, medium and long term outcomes

Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years



Maternal mental health and school readiness

One of the **strongest** predictors of wellbeing in early years is the mental health and wellbeing of the mother or caregiver

1 in 10 women

will suffer from a perinatal mental illness, that's about 13,400 new mothers in London

5x

Children of mothers with mental ill-health are **five times** more likely to have mental health problems themselves

Impact of maternal depression on school readiness

- Behaviour problems
- Impaired parent child attachment
- Emotional problems
- Conduct disorders
- Language development delay
- Learning difficulties

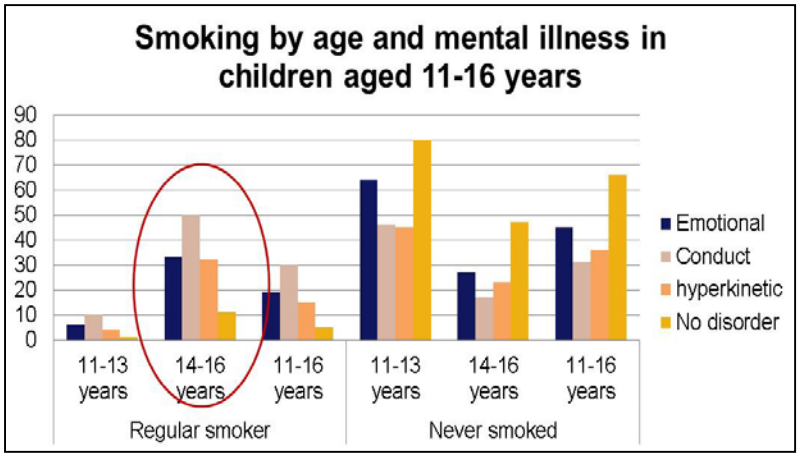
Actions to reduce maternal depression include

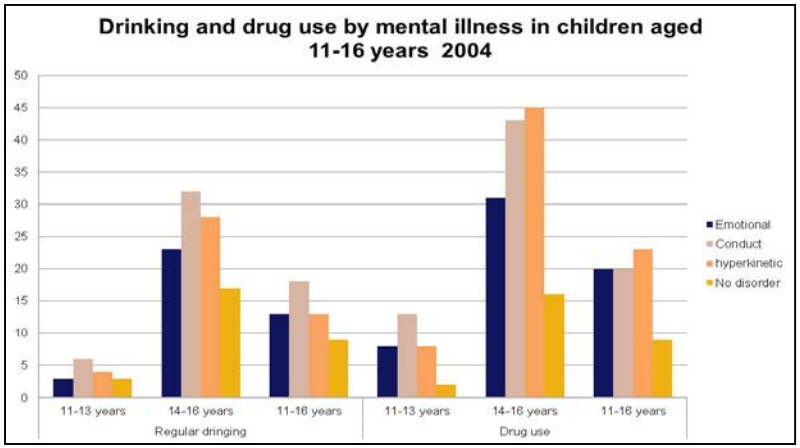
- Development of a shared vision and plan
- Effective screening and referral to services
- Family strengthening and support
- Increased public awareness

Greater London Authority (2014) *London mental health: The invisible costs of mental ill health*
Department of Education, Department of Health (2011) *Families in the Foundation Years evidence pack*
Children's Defense Fund Minnesota (2011) *Maternal depression and early childhood*

Adolescence – mental illness and risk behaviours

- Mental illness for those aged 14-16 years carries the highest risk of unhealthy lifestyle behaviours
- About 50% of children and young people with conduct disorder smoke, which is nearly 86,000 children
- About 30% with emotional disorder and hyperkinetic disorder are regular smokers, which means provides an estimate of 50,000 children
- About 50,000 children with mental illness may drink regularly
- About 38, 000 children with mental illness may be using drugs



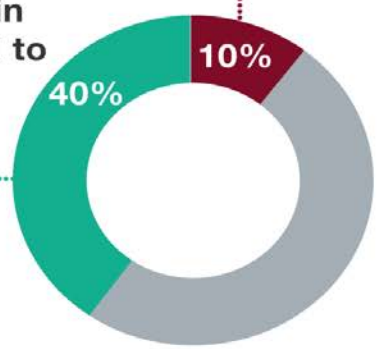


Graph sources: Estimates calculated from ONS mid year population (MYE) and prevalence from British Child and Adolescent Survey

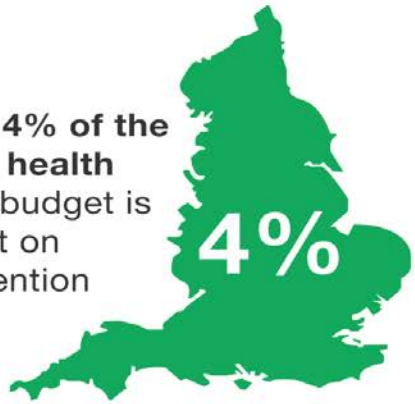
Understanding the Non Communicable Disease (NCD) Challenge

Why prevention matters

International studies suggest **healthcare contributes only about 10%** to preventing premature deaths, whilst **changes in behavioural patterns is estimated to contribute 40%**



Only **4% of the total health** care budget is spent on prevention



It is estimated that if the public were fully involved in managing their health and engaged in prevention activities

£30billion

could be saved

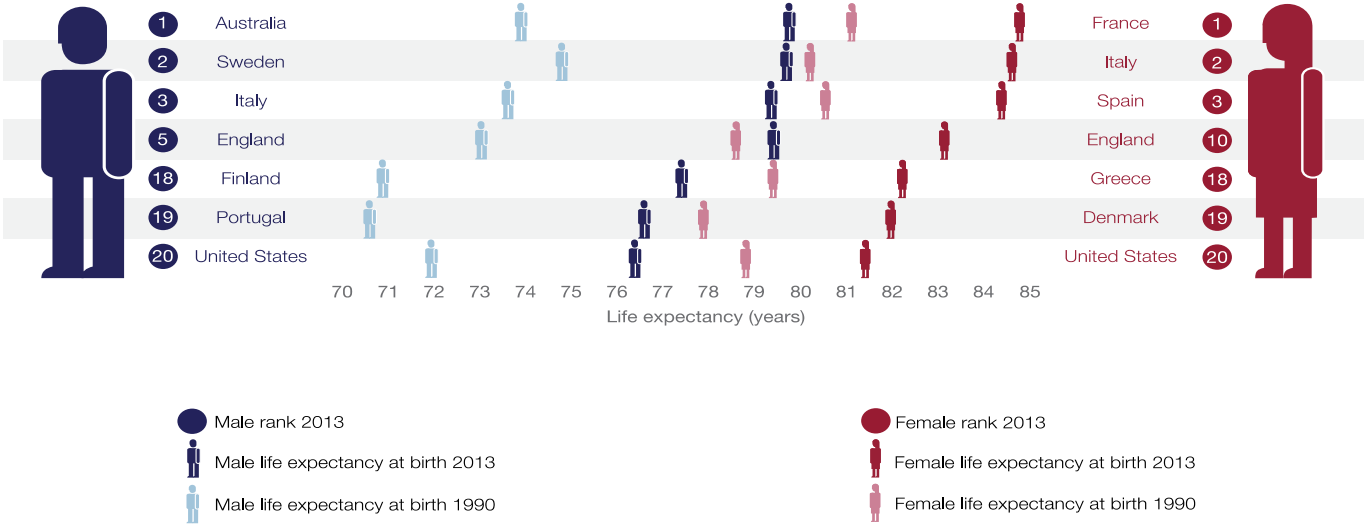
UK women, on average, smoke **3% more** than the EU average

In the UK in 2008, **61.1% of males** were estimated to be physically inactive and **71.6% of females**

The average consumption of alcohol by adults in the UK is **10% higher** than the EU average

Understanding the NCD Challenge

Life expectancy at birth, 1990 and 2013 for England and EU 15+



Between 1990-2013, life expectancy in England saw a 5.4 year increase from 75.9 to 81.3 years (one of the biggest increases in EU15+ countries).

This is mainly due to falls in the death rate from cardiovascular disease, stroke, chronic obstructive pulmonary disease (COPD) and some cancers (with progress partly offset by increased death rates from liver disease).

Understanding the NCD Challenge

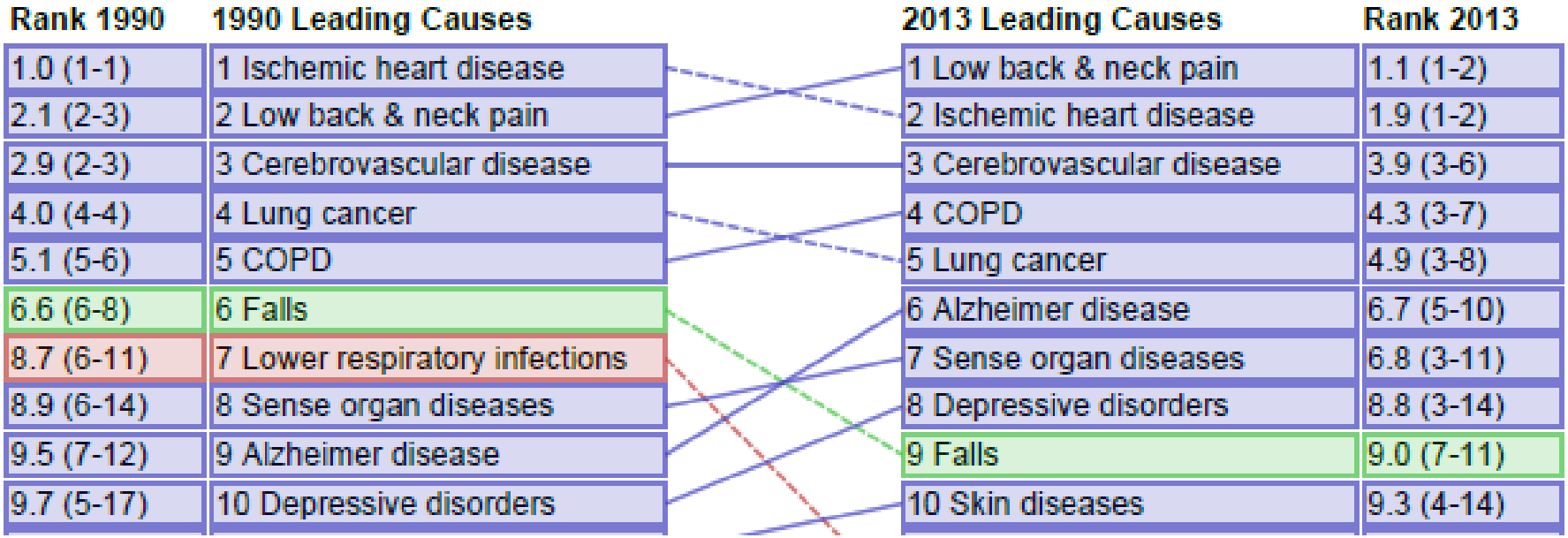
Morbidity in England

- While life expectancy has increased, this hasn't been matched by improvements in levels of ill-health.
- So, as a population we're **living longer but spending more years in ill-health**. For several conditions, although death rates have declined, the overall health burden is increasing.
- For example, deaths rates from **diabetes** fell by 56%, alongside substantial increases in illness and disability associated with diabetes, up 75%.
- **Sickness and chronic disability** are causing a much greater proportion of the burden of disease as people are living longer with several illnesses.
- **Low back and neck pain** is now the leading cause of overall disease burden. Hearing and vision loss and depression also in the top 10, alongside diseases expected to have high mortality, such as ischaemic heart disease, COPD and lung cancer.

Understanding the NCD Challenge

GBD: Leading causes of DALYs 1990 & 2013

Legend:
Communicable, maternal, neonatal and nutritional
Non-communicable
Injuries



Understanding the NCD challenge

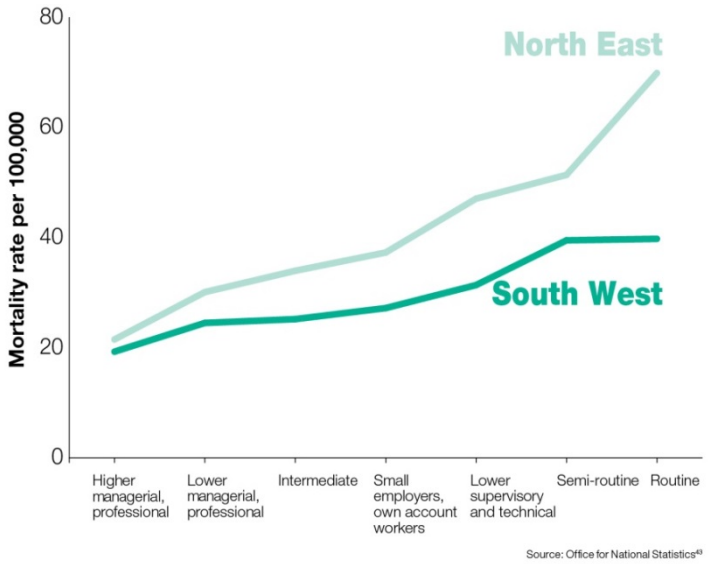
Inequalities

- While life expectancy has increased overall, there has been **little, if any, improvement** in inequalities:
  - By 2013, those living in the most deprived areas are only just approaching the levels of life expectancy that less deprived groups enjoyed in 1990.
- More deprived groups are **affected proportionally more by disease risk factors** than less deprived groups. The types of disease and risk factor are roughly the same across all deprivation areas however.
- While the data highlights regional differences in life expectancy and disease burden, **inequalities are actually greater within regions** than between them - so largely related to deprivation not geography.

Understanding the NCD Challenge

Social and structural determinants

- Economic prosperity and a good start to life
- While individuals' behaviours do matter (Eg. studies show half of health inequalities between rich and poor are the result of smoking), the reality is that our health is impacted by a range of wider determinants including:
  - good employment
  - higher educational attainment
  - safe, supported, connected communities
  - poor housing and homelessness
  - living on a low income
  - social isolation, exclusion and loneliness
  - stigma and discrimination

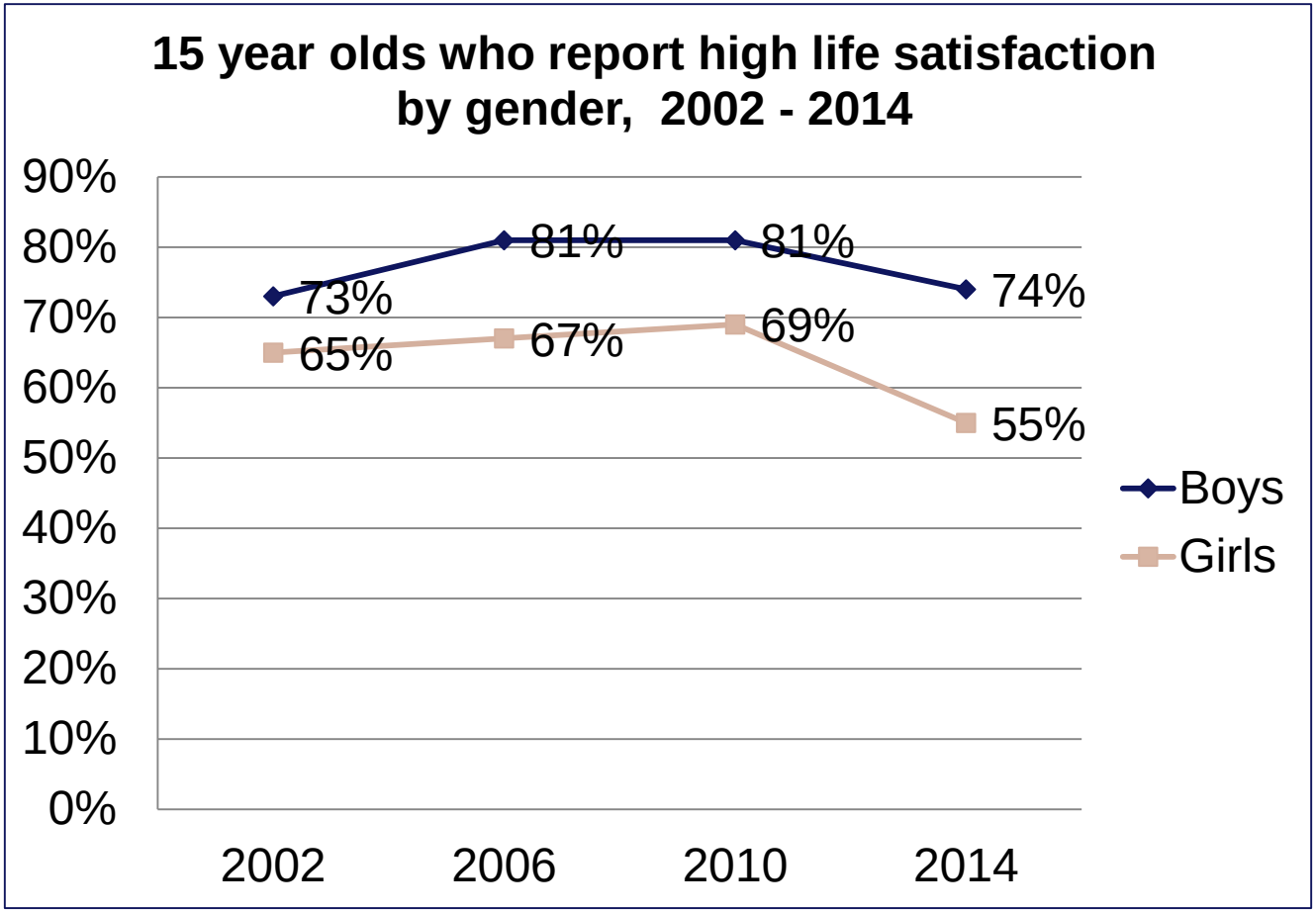


Children and young people

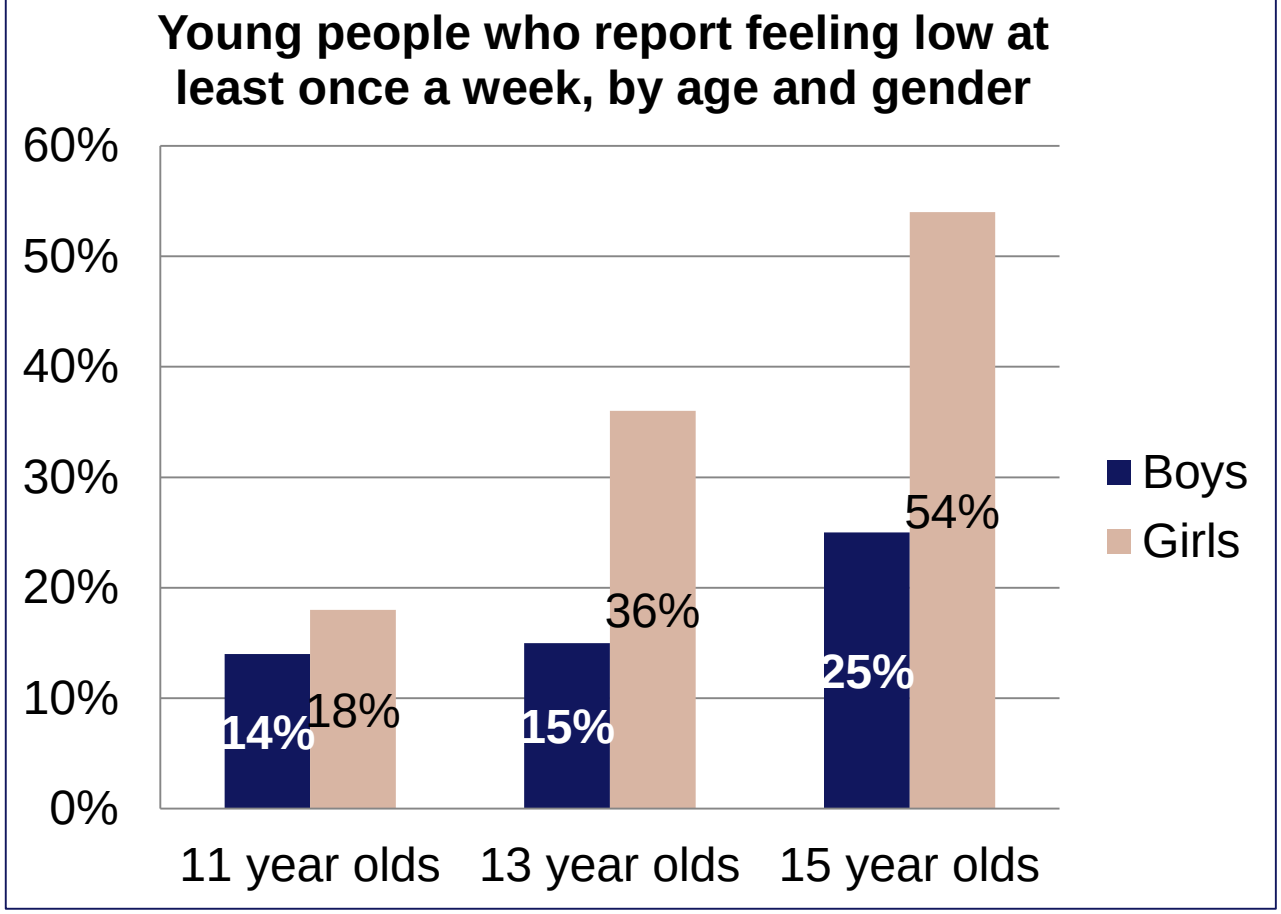
- **One in five mothers** has depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth
- **One in ten children** aged 5 - 16 has a diagnosable mental health problem
- Children living in poor housing have **increased chances** of experiencing stress, anxiety and depression
- People of all ages who have experienced traumatic events, poor housing or homelessness, or who have multiple needs such as a learning disability or autism are also at higher risk

Emotional Wellbeing

Life Satisfaction

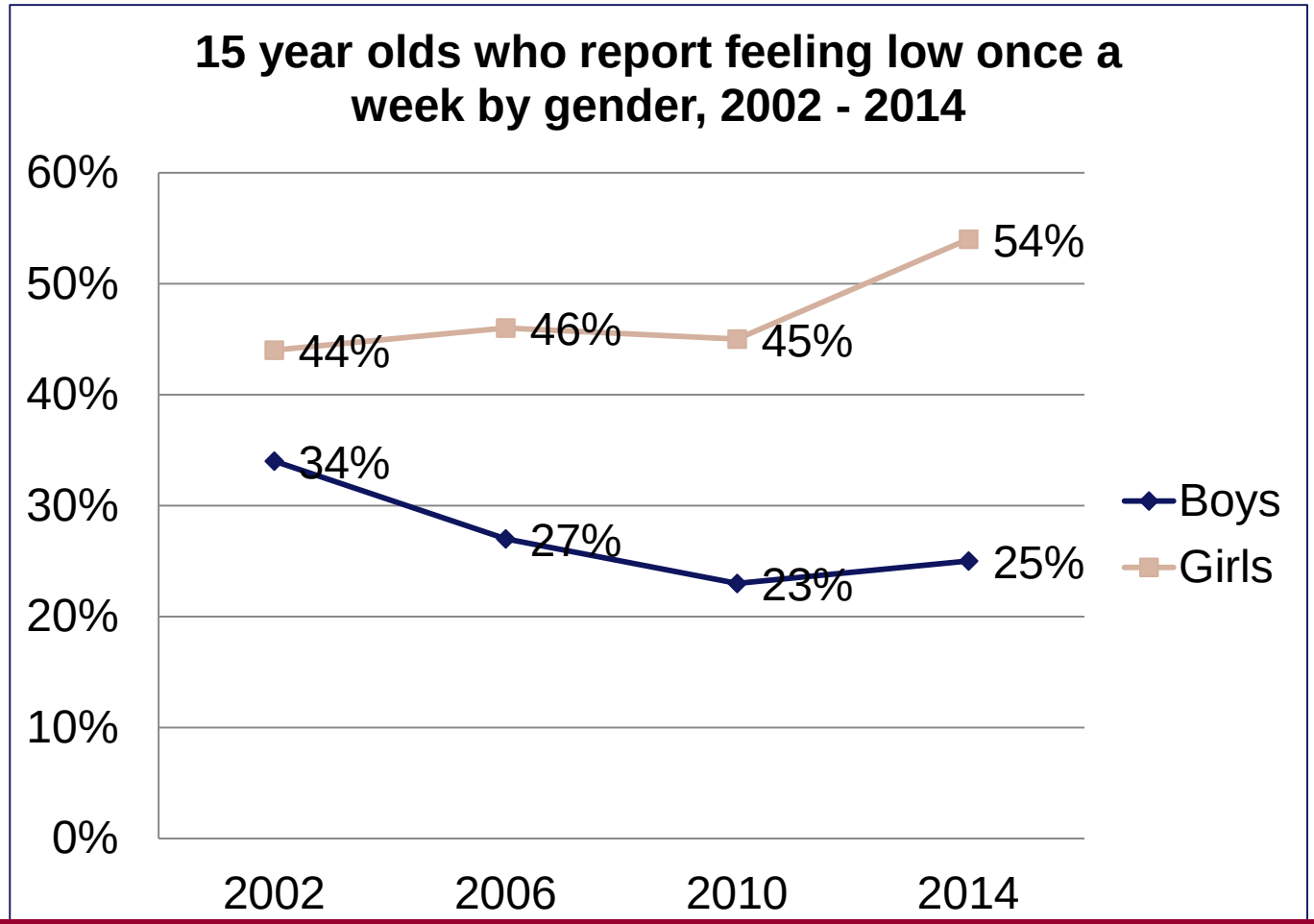


Feeling Low 1



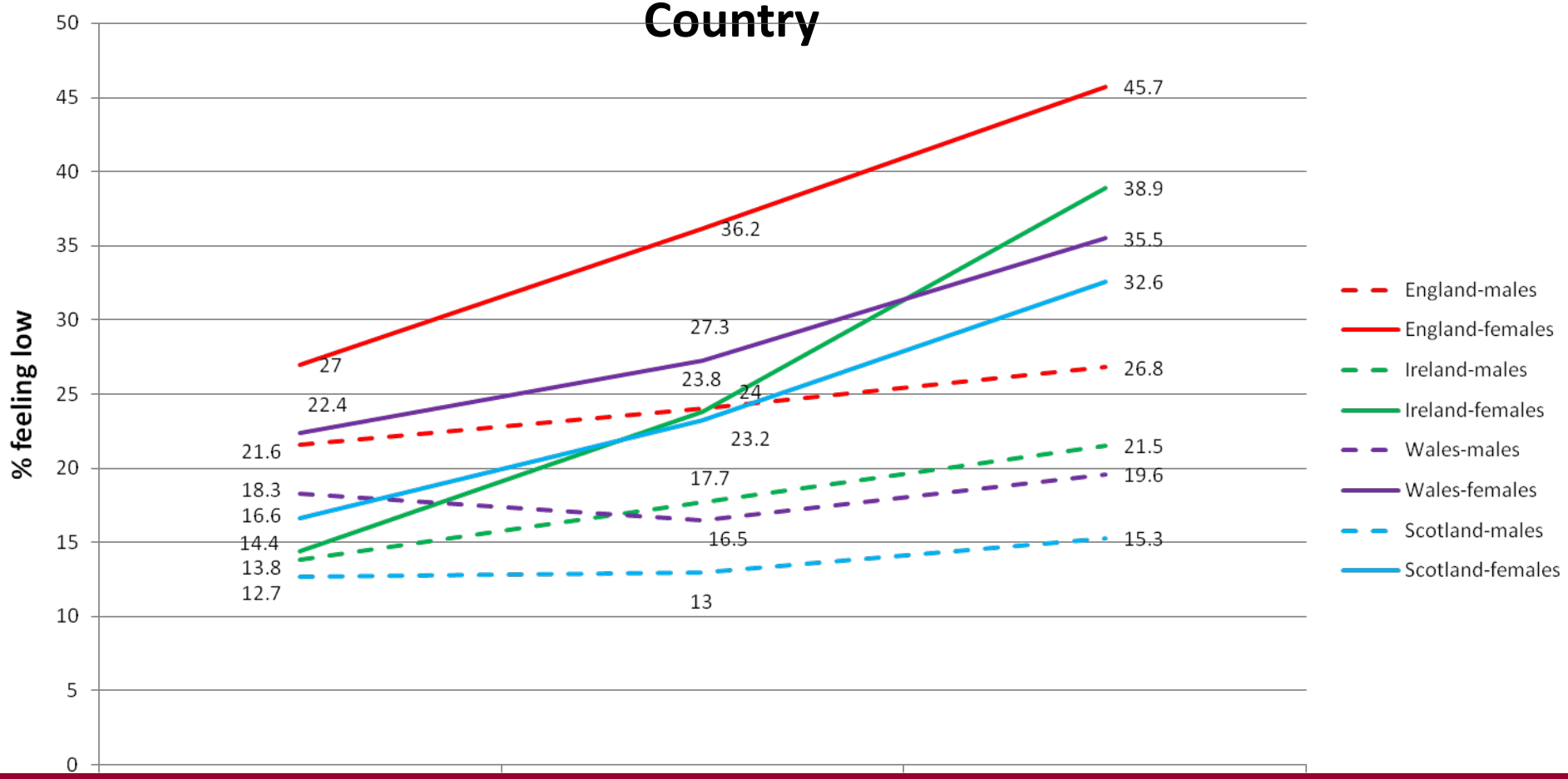
- Overall, 26% of young people feel low at least once a week
- Increases with age
- Gender differences

Feeling Low 2

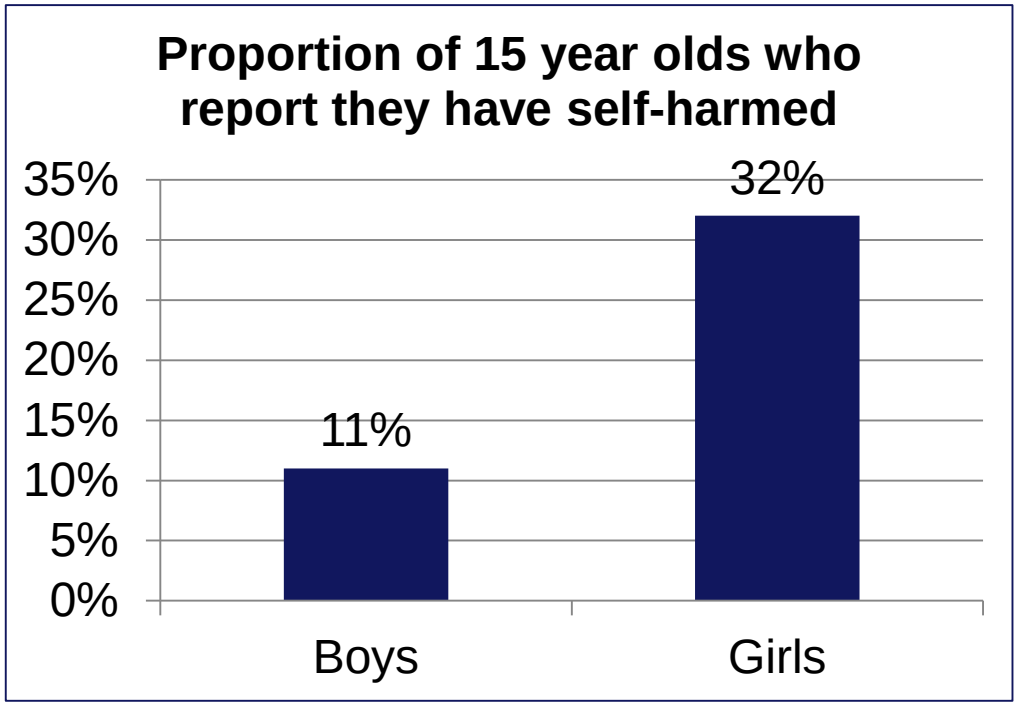


Feeling Low 3

Feeling Low by Age, Gender and Country

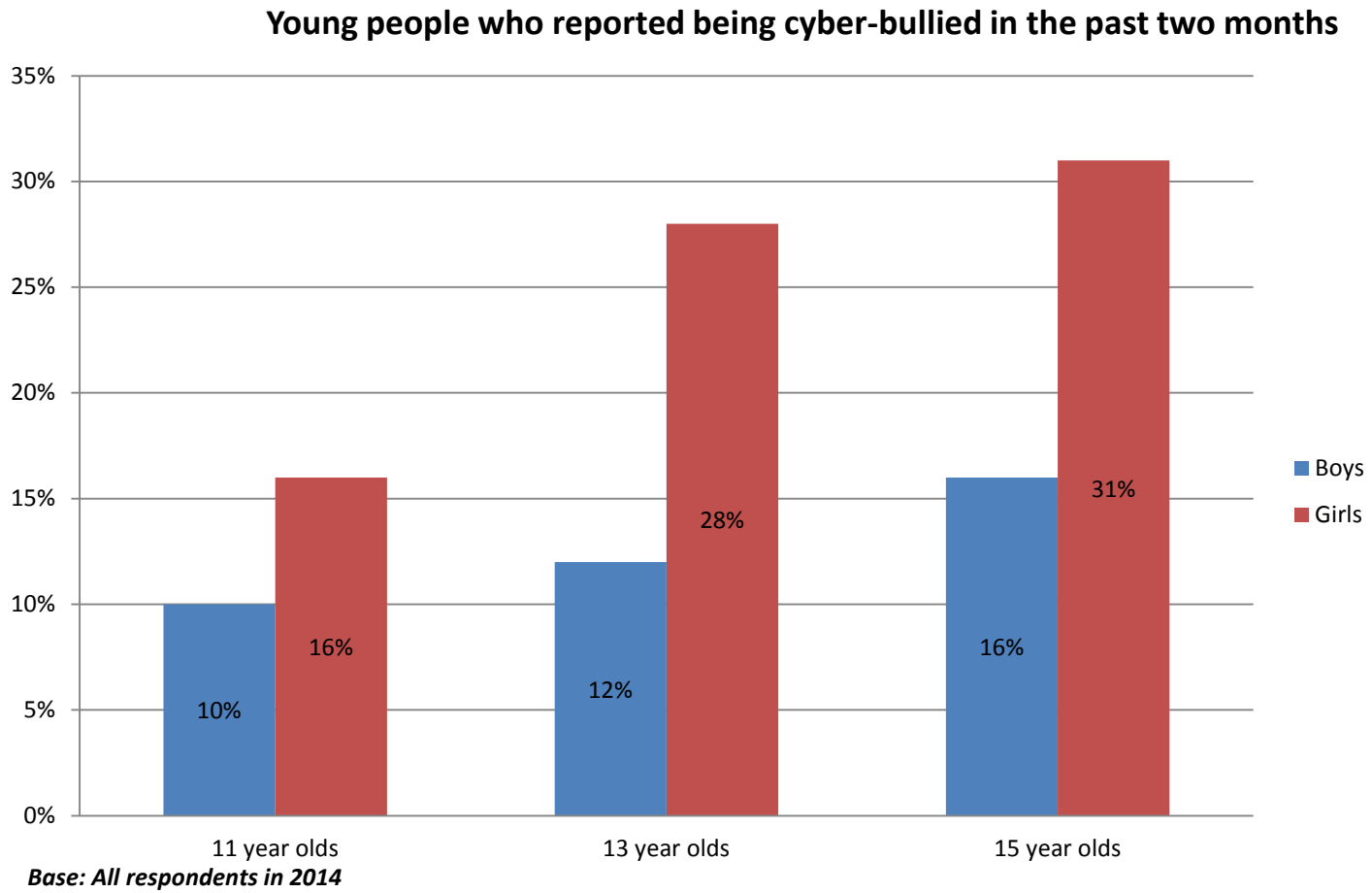


Self-harm



- Overall, 22% of young people said they had self-harmed
- In comparison with other studies, self-harm increasing over the past decade

Cyber-bullying



Base: All respondents in 2014

Public Health England

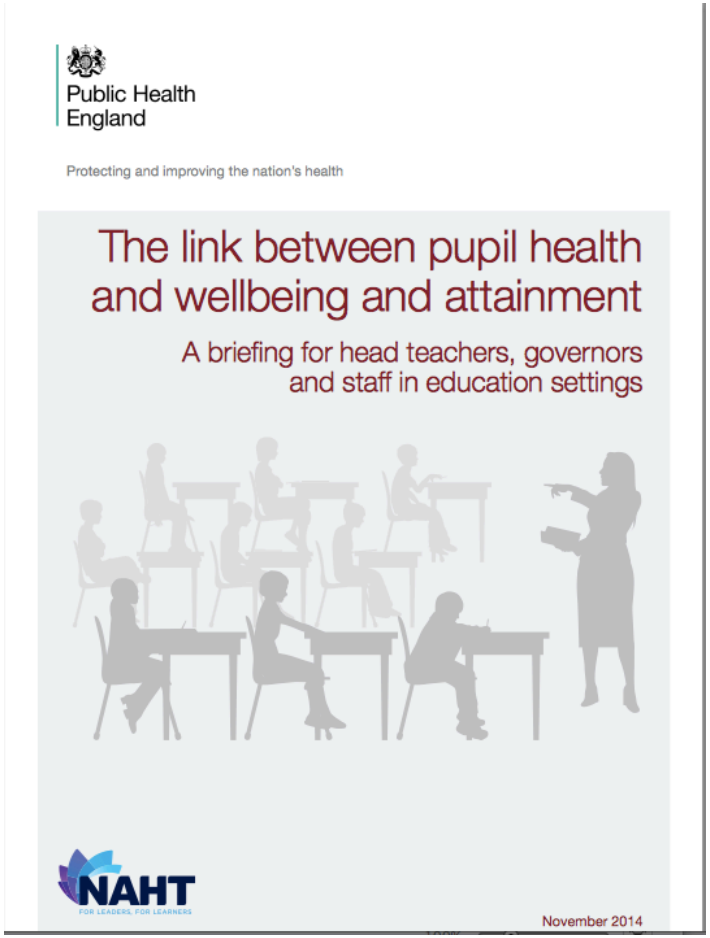
Protecting and improving the nation's health

What do we know about protective factors?


Community
and family life

Link between health and wellbeing and attainment and role of schools

1. Overall pupils with better health and wellbeing are likely to achieve better academically
2. Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement
3. The culture, ethos and environment of a school influences the health and wellbeing of pupils and their readiness to learn
4. A positive association exists between academic attainment and physical activity levels of pupils.



School culture and ethos

Protective assets:

- Having a sense of belonging to school (Vienio et al 2007; Zeynep, 2010)
- Having a teacher who is interested in you (Clea et al, 2002)
- Positive relationships between pupils (Flook et al, 2005)
- Level of engagement/active involvement in decision making (Jamal et al, 2013)
- Personal Social Health and Economic Education (Ofsted, 2013)

School belonging

	Agree (belong)	Neither	Disagree
Regular smoker	4.4%	5.5%	10.6%
Weekly alcohol consumption	11.6%	13%	20 %
Drunkenness at least twice	17%	20 %	29%
Been bullied	3.1%	4.3%	10.9%
Physical Fighting (3x 12 months)	8.8%	11.5%	18.8%
Feeling low	21.1%	34.4%	50.1%

Teacher connectedness

	Agree	Neither	Disagree
Regular smoker	4.2%	5.1%	10.1%
Weekly alcohol consumption	11.2%	12.1%	22 %
Drunkenness at least twice	14.9%	20 %	31%
Been bullied	3.8%	3.6%	7.4%
Physical Fighting (3x 12 months)	9.8%	9.3%	16.9%
Feeling low	22.9%	29.2%	39.5%

PSHE and health behaviours

	Health and wellbeing covered well	Health and wellbeing covered poorly
Self-harmed	19.2%	30.3%
Smoked on 6 or more days in last 30 days	6.1%	8.4%
Drunk alcohol 6 or more times in last 30 days	5.5%	9.0%
Drunkenness 4 or more times in last 30 days	1.1%	3.0%
On a diet	17.5%	22%
Eat breakfast every day	59.7%	52.5%

Young people have more positive health behaviours if health and wellbeing was covered well in PSHE classes

Six principles to shape our thinking about young people's health

- Putting relationships at the centre
- Focusing on what helps young people feel well and able to cope
- Reducing health inequalities
- Championing integrated services
- Understanding changing health needs as young people develop
- Delivering accessible, youth friendly services

Public Health England

Promoting children and young people's emotional health and wellbeing

A whole school and college approach

Evidence – Learn Well

Whole school approaches

Social and Emotional Learning programs

Building skills and Building resilience

Counselling in schools

Early identification and early support

Mental health in all policies and systems

What is needed to make it core business?

Motivation and **demand for change from the very top**

Coordinated focus from everyone – ”*everyone´s eyes on the ball*”

Support to innovative approaches in the system

Training and application of **improvement methods** to achieve change

Innovations **spread** and **implementation among adopters supported**

Barriers and disincentives at all levels identified and **counteracted**

2 x Useful References

The Costs of Perinatal Mental Health Problems: http://www.centreformentalhealth.org.uk/pdfs/costs_of_perinatal_mh_summary.pdf

Promoting Children and Young People's Emotional Health and Wellbeing: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf

NICE guidance on mental wellbeing

Early years social and emotional wellbeing

Promoting children's social and emotional wellbeing in primary school

Promoting children's social and emotional wellbeing in secondary school

Promoting mental wellbeing at work

Community engagement

Older people

Common mental health problems

Cost-effective interventions (LSE, 2011)

Health Visiting and reducing post-natal depression - for parental and child mental wellbeing, quality of life and productivity;

Parenting skills and support - for maternal and child mental wellbeing; £8 saved per £1 invested over 25 years; 3:1 public sector;

Healthy schools including social & emotional learning programmes and reducing bullying - for young people's education, wellbeing and reduced crime and service costs; SEL savings £10,000 per child after 10 years; bullying prevention saves £1000 per pupil;

Debt advice - to increase financial security, reduce mental illness and worklessness; £3.40 savings per £1 invested;

Promoting wellbeing in the workplace - to improve productivity and reduce worklessness; £9 savings per £1 invested;

Befriending for older people - to reduce isolation and service costs;

Timebanking - to increase inclusion, independence, social networks and employment; £3 savings per £1 invested;

Community navigators - to improve service usage and reduce vulnerability; £2 saved per £1 invested;

Alcohol Brief Interventions - to improve health and reduce costs of services and crime; £12 saved per £1 invested;

Five Ways to Wellbeing

Commissioned by the Government's Foresight Project the brief was to

"build on the findings of the outputs of the Mental Capacity and Wellbeing Project, and develop an evidence-based wellbeing equivalent of the health promotion dictum "five fruit and vegetables a day".

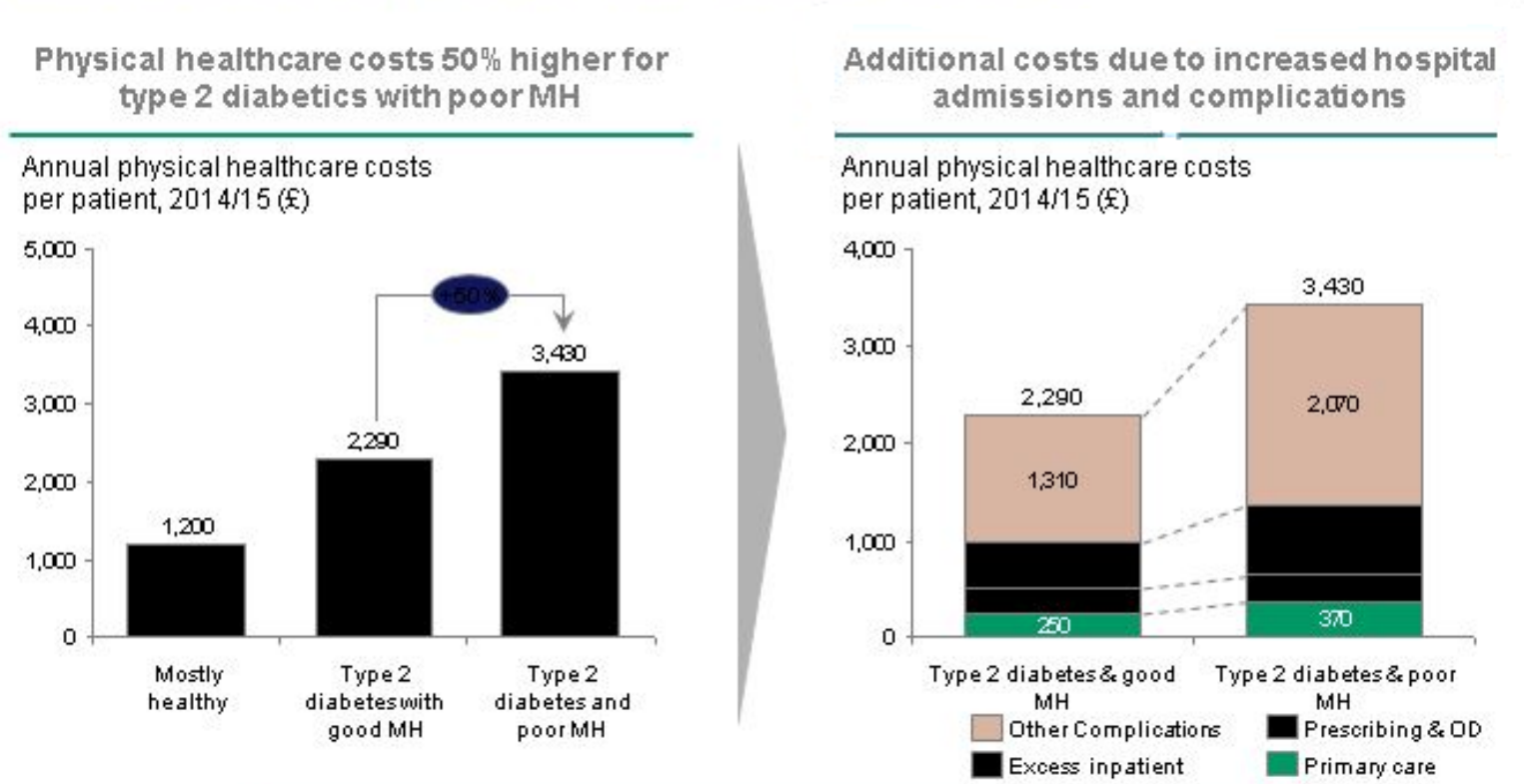
Suicide

- There were **4,882 suicides in 2014**; figures show a steady increase over recent years.
- Men are **three times** more likely to than women to take their own lives.
- Whilst female rates have stayed relatively constant, the male suicide rate is at its **highest since 2001**. The rise is most marked amongst middle aged men.

- **School Based programmes – Some Evidence:**
- http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61213-7/abstract

Preventable costs

Poor mental health can drive a 50% increase in physical care costs.



Presence of poor mental health responsible for £1.8bn of spend on type 2 diabetes pathway

Mental health intelligence

Mental Health Intelligence Network	During 2016 NHS England and Public Health England should set a clear plan to develop and support the Mental Health Intelligence Network over the next five years, so that it supports data linkage across public agencies, effective commissioning and the implementation of new clinical pathways and standards as they come online.

Increasing data transparency, quality and linkages

Good Data and Intelligence

National Mental Health Intelligence Network (NMHIN)

"Turning data and information into timely and meaningful health intelligence for commissioners, policy makers, health professionals, **community** organisations and the public to help improve health and wellbeing, services and outcomes."

Email: mhdnin@phe.gov.uk

Web: www.gov.uk/phe

Intelligence Networks

National Child and Maternal Health Intelligence Network (ChiMat)

National Mental Health, Dementia and Neurology Intelligence Network (NMHDNIN)

2 networks work jointly in the shared space of children and young people's mental illness and perinatal mental illness

http://www.chimat.org.uk/PIMH_Needs_Assessment

Key risk factors for perinatal mental health

The reports present information, evidence and data (where available) on the following key risk factors for maternal mental health. Data is presented in text, charts or tables, which can be copied and pasted into your own reports.

- History of mental health problems
- Traumatic childbirth, stillbirth, infant death
  - *Data indicator: Stillbirth rate (local authority and CCG), infant mortality (local authority and CCG)*
- Domestic violence and abuse (also infant mental health risk factor)
  - *Incidents of domestic abuse reported to police (local authority)*
- Poor social support
  - *Proportion of births that were sole registrations (local authority)*

NHS England

Children's and Young People's Mental Health and Wellbeing

Indicator keywords

Introduction

Welcome to the Children and Young People's Mental Health and Wellbeing Profiling Tool. It has been developed to support an intelligence driven approach to understanding and meeting need. It collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It provides commissioners, service providers, clinicians, services users and their families with the means to benchmark their area against similar populations and gain intelligence about what works.

Note: Currently a limited range of data relating to health services are presented pending the implementation of the CAMHS (Child and Adolescent Mental Health Services) minimum dataset.

Tool structure - data are presented under the headings Risk and Related Factors, Prevalence, Health, Social Care and Education. Within this they are grouped by geography (predominantly local authority but also Clinical Commissioning Group) and then ordered by topic (e.g. risk associated with children, then families, then parents or social care data on children in need, then looked after children, then children on the child protection register).

Tool content - data are drawn from many sources and vary by time period, population and presentation of values. Care should be taken with interpretation. Detailed meta data and any caveats are set out in the Definitions section.

Data quality - indicators are included if viewed as robust, of sufficient quality, or they offer an important element that could not be otherwise gained. Each indicator has been assessed and labelled with its quality rank.

Supporting Documents

- **Fingertips user guide CYPMH:** helps navigate the CYPMH tool
- **Indicator list CYPMH:** tool content at a glance
- **Indicator Quality Assessment CYPMH:** process and results for each indicator
- **LA PDF report:** to access LA PDF reports please go to the Download page

Recent updates

October 2014

First version released

START

View Profile Data

NHS England

Children's and Young People's Mental Health and Wellbeing

Indicator keywords

Risk | **Prevalence** | Health | Social Care | Education

Overview | Map | Trends | Compare areas | **Area profiles** | Definitions | Download

Area type: County & UA

Areas grouped by: PHE Centre

Benchmark: England

Area: Tower Hamlets

PHE Centre: London

Search for an area

Data quality: Significant concerns | Some concerns | Robust

Benchmark Value

Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	T Hamlets		PHE Centre	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Estimated prevalence of any mental health disorder: % population aged 5-16	2013	3,976	10.8%*	9.4%	9.6%	7.0%		11.2%
Estimated prevalence of emotional disorders: % population aged 5-16	2013	1,562	4.3%*	3.6%	3.7%	2.8%		4.3%
Estimated prevalence of conduct disorders: % population aged 5-16	2013	2,507	6.8%*	5.7%	5.8%	4.0%		7.0%
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2013	666	1.8%*	1.5%	1.5%	1.1%		1.9%

NHS England

Estimated prevalence of any mental health disorder: % population aged 5-16

2013

Proportion - %

Yorkshire and the Humber	
Kingston upon Hull	11.2*
North East Lincolnshire	10.5*
Doncaster	10.3*
Barnsley	10.3*
Rotherham	10.2*
Wakefield	10.1*
North Lincolnshire	10.0*
Bradford	10.0*
Sheffield	9.7*
Kirklees	9.5*
Leeds	9.5*
Calderdale	9.4*
East Riding of Yorkshir...	8.9*
York	8.7*
North Yorkshire	8.6*

East Midlands	
Leicester	10.8*
Nottingham	10.7*
Derby	9.9*
Lincolnshire	9.5*
Derbyshire	9.3*
Nottinghamshire	9.3*
Leicestershire	8.7*
Rutland	8.3*

Devon, Cornwall and Somerset	
Plymouth	9.8*
Torbay	9.6*
Cornwall	9.2*
Somerset	9.1*
Devon	8.8*
Isles of Scilly	7.9*

Benchmark: England

Compared with benchmark: Lower Similar Higher Not compared

Data quality: Significant concerns Some concerns Robust

Indicator	Period	Liverpool		PHE Centre	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Children in need: Rate of children in need during the year, per 10,000 aged <18	2012/13	10,283	1,162	796	646	324		1,211
New cases of children in need: Rate of new cases identified during the year, per 10,000 aged <18	2012/13	5,741	648.7	434.7	346.6	148.3		765.1
Assessment of children in need referrals: % of referrals with a completed initial assessment	2012/13	6,070	89.3%	84.5%	74.4%	26.5%		100%
Looked after children: Rate per 10,000 <18 population	2012/13	955	108.0	-	60.0	20.0		166.0
Health assessments for looked after children: % who had an annual assessment	2012/13	705	95.9%	93.0%	86.3%	50.0%		100%
Emotional and behavioural health outcome for looked after children: % eligible children considered 'of concern'	2012/13	151	28.0%	30.8%	38.0%	16.0%		85.0%
New child protection cases: Rate of children who became the subject of a child protection plan during the year, per 10,000 aged <18	2012/13	449	50.7	46.6	46.2	11.0		138.6
Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time	2012/13	41	9.1%	13.8%	14.9%	2.5%		30.4%
Review of child protection cases: % of children under child protection who were reviewed within the required timescales	2012/13	35	16.2%	81.0%	96.2%	16.2%		100%

Benchmark: England

Compared with benchmark: Lower | Similar | Higher | Not compared

Data quality: Significant concerns | Some concerns | Robust

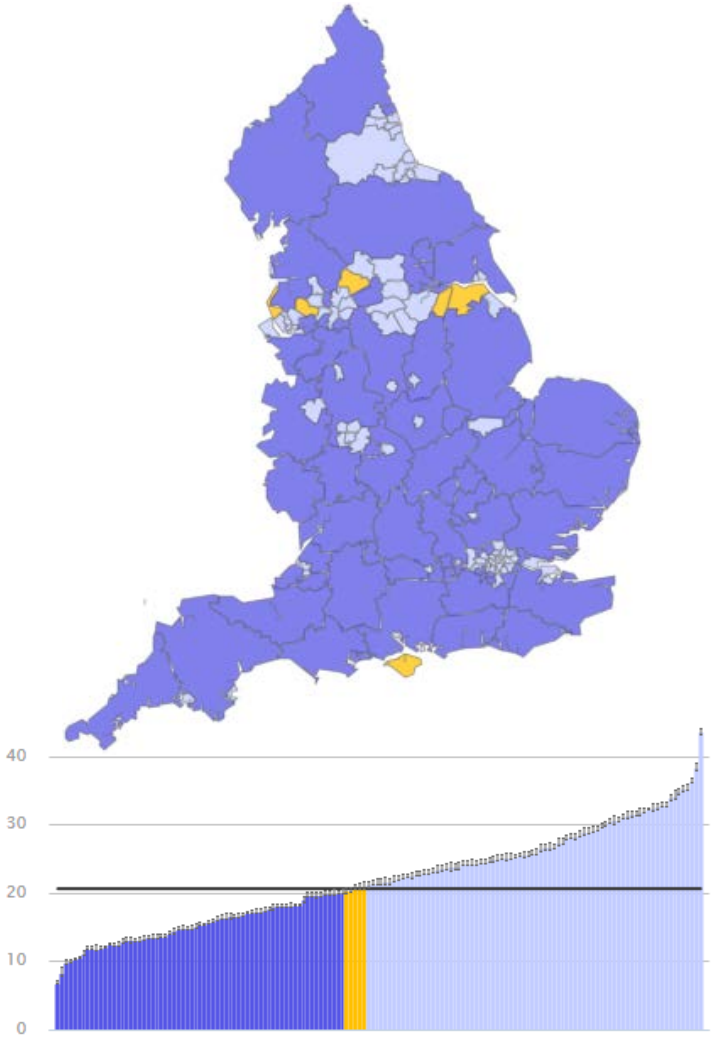
Indicator	Period	T Hamlets		PHE Centre	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Pupils with special educational needs (SEN): % of all school age pupils with special educational needs	2014	7,985	17.9%	18.3%	17.9%	11.5%		26.0%
Pupils with behavioural, emotional and social support needs: % of school pupils with behavioural, emotional and social support needs	2014	758	1.70%	1.74%	1.66%	0.67%		3.23%
Primary school pupil absence: % of half days missed	2012/13	325,052	4.58%	4.47%	4.68%	3.98%		5.43%
Secondary school pupil absence: % of half days missed	2012/13	237,180	4.97%	5.20%	5.89%	4.46%		7.85%
Primary school fixed period exclusions: % of pupils	2012/13	49	0.20%	0.66%	0.88%	0.09%		2.65%
Secondary school fixed period exclusions: % of school pupils	2012/13	759	4.9%	6.4%	6.8%	2.0%		15.2%
16-18 year olds not in education employment or training	2013	360	4.6%	-	5.3%	1.8%		9.8%

Benchmark: England

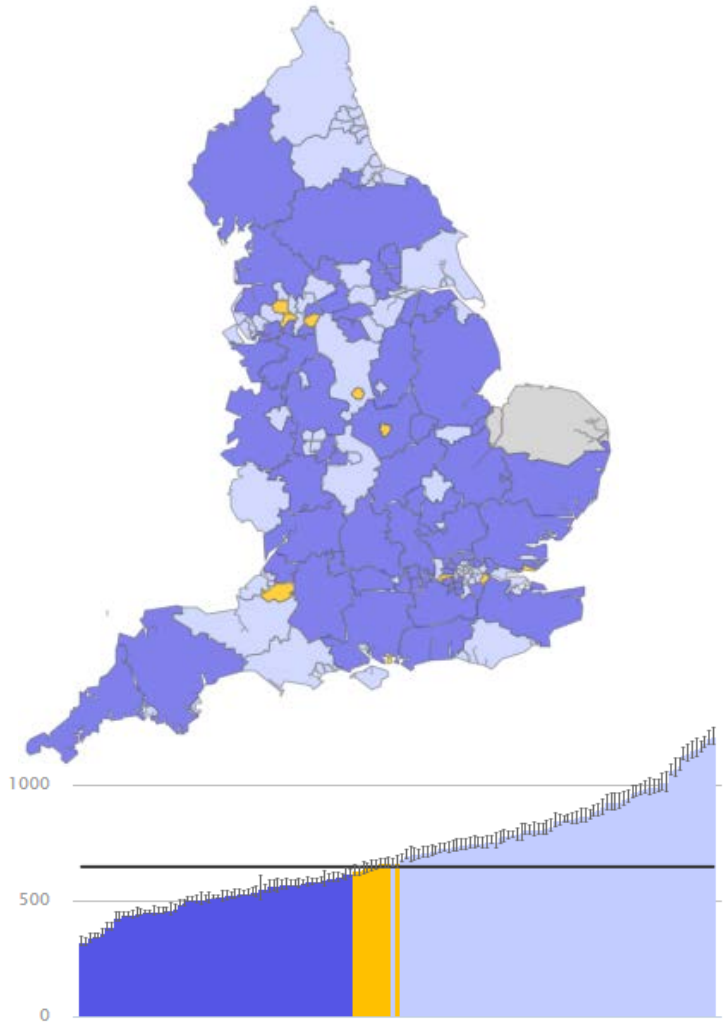
Compared with benchmark: Lower Similar Higher Not compared

NHS England

Children under 16 in poverty: % of dependent children under 16



Children in need: Rate of children in need during the year, per 10,000 aged <18

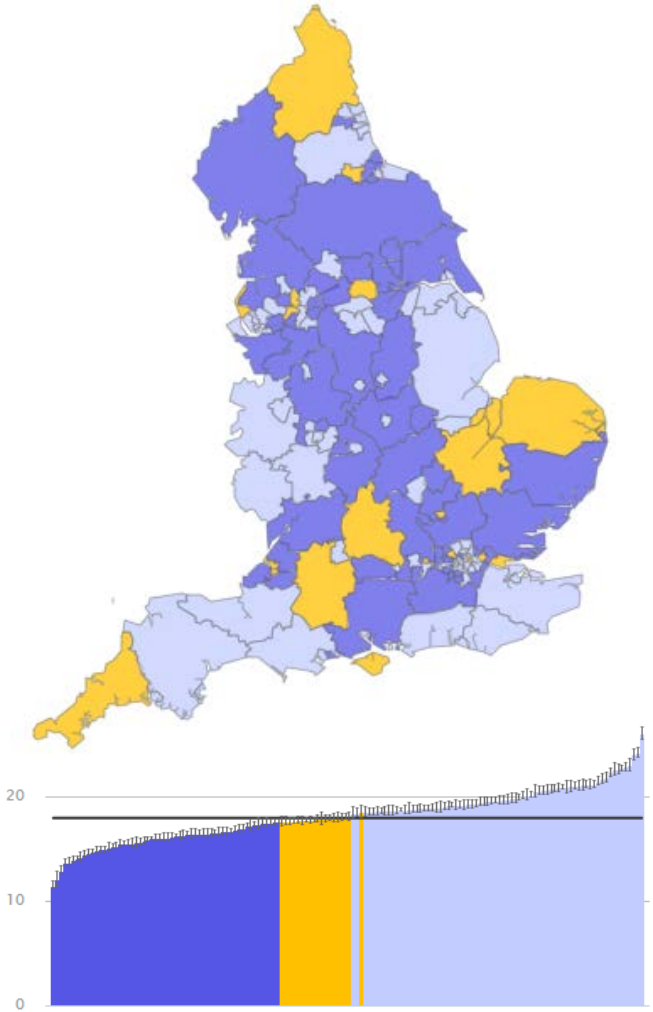


Benchmark: England

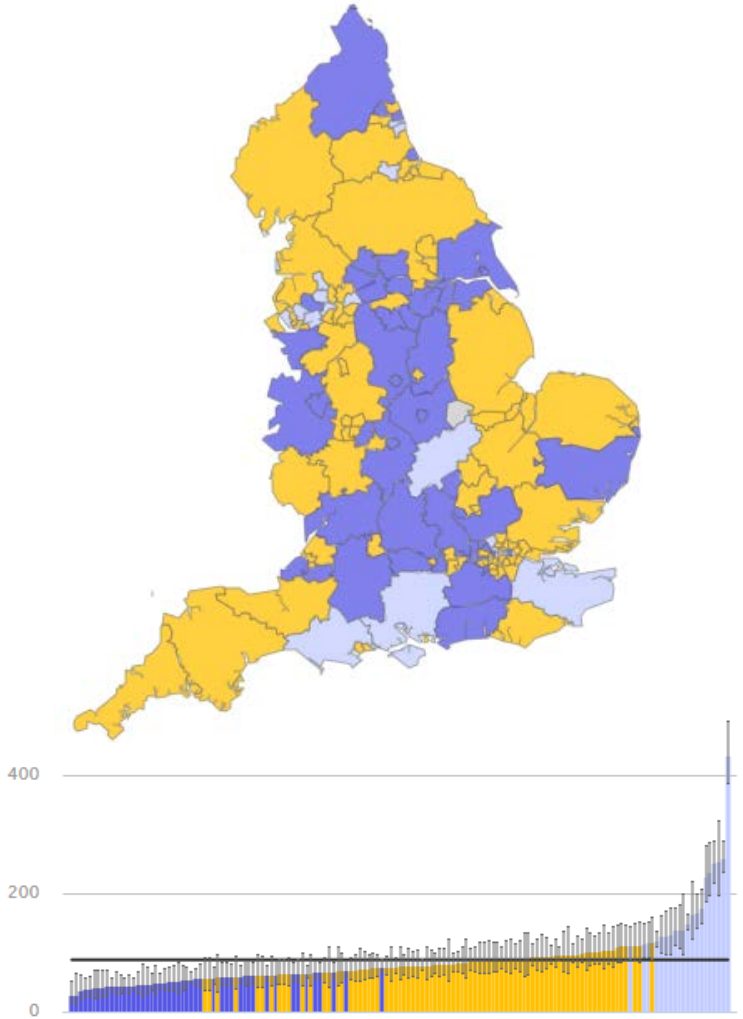
Compared with benchmark: Lower Similar Higher Not compared

NHS England

Pupils with special educational needs (SEN): % of all school age pupils



Child admissions for mental health: rate per 100,000 aged 0 -17 years



Google “fingertips MHIN” or “phe fingertips”

Access the tool directly at the following web addresses:

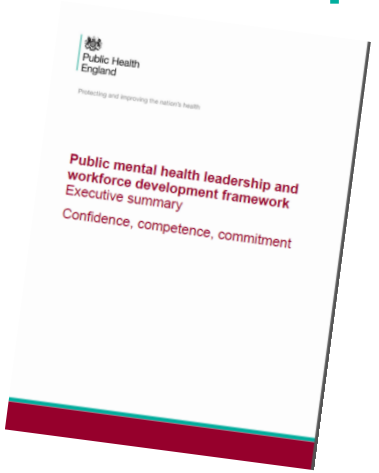
- http://www.yhpho.org.uk/mhdnin
- http://fingertips.phe.org.uk/profile-group/mental-health/

- If you would like more information about the tool please contact us at: **mhdnin@phe.gov.uk** or me at : **Cam.Lugton@phe.gov.uk**

Workforce and Leadership

PHE ACTION PLAN calls all partners to take action on:

Applying, and testing, the principles and competencies to different workforces – Competencies and Capabilities



Public mental health workforce development framework

Key competencies of practitioners to prevent mental distress and suicide:
1. Recognise when someone may be experiencing mental distress, including self-harm and suicidal thoughts and intentions
2. Judge risks and follow appropriate procedures and guidelines
3. Apply an early intervention or suicide intervention model
4. Link people to appropriate sources of support, to address psychological need and social causal factors

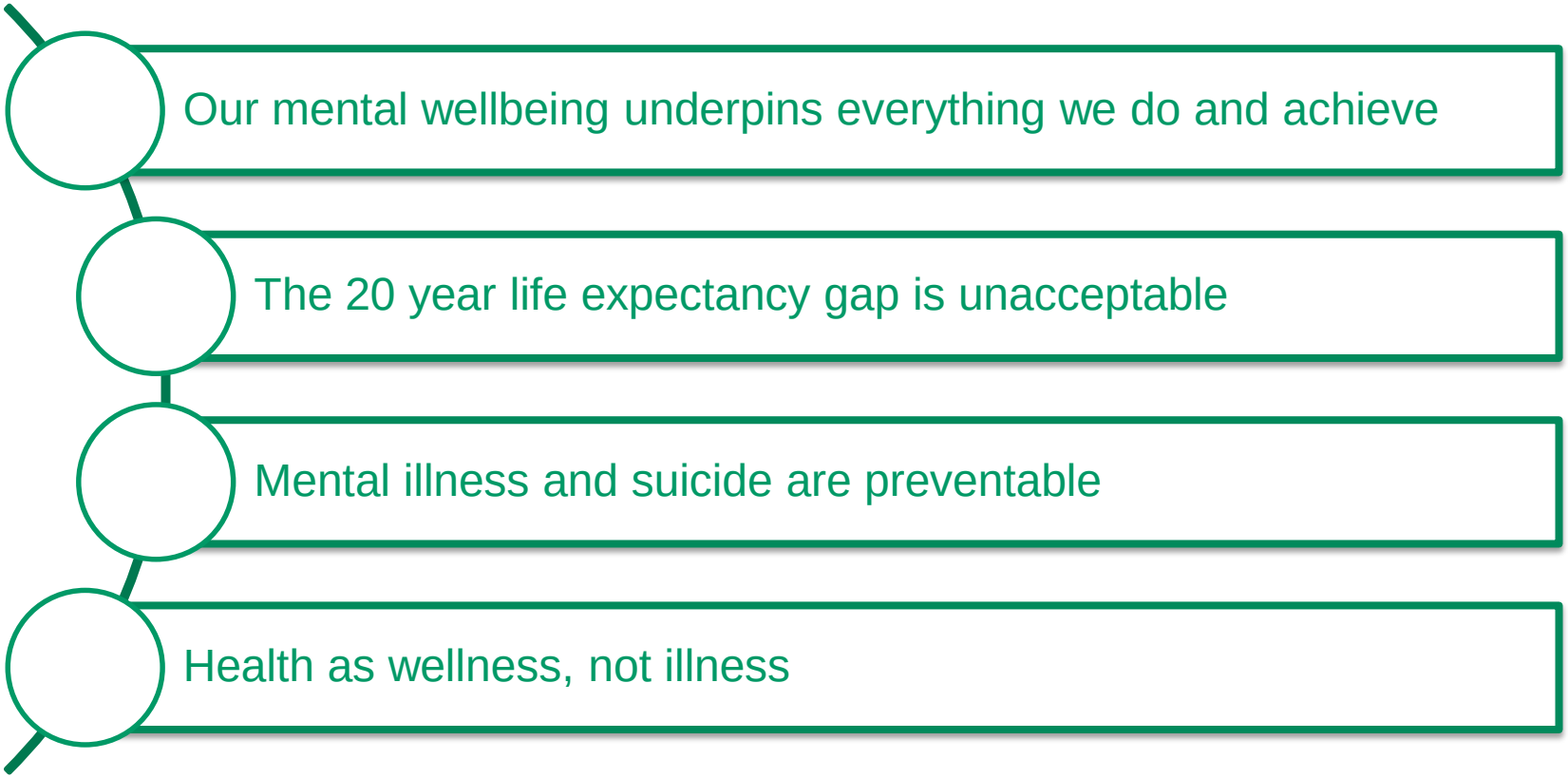
- https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework

Core Principles

Know	Believe	Act
1. Know the nature and dimensions of mental health and mental illness.	5. Understand own mental health, what influences it, its impact on others and how you improve it.	9. Communicate effectively with children, young people and adults about mental health.
2. Know the determinants at a structural, community and individual level.	6. Appreciate that there is no health without mental health and the mind and body work as one system.	10. Integrate mental health into own area of work and address mental and physical health holistically.
3. Know how mental health is a positive asset and resource to society	7. Commitment to a life-course approach and investment in healthy early environments.	11. Consider social inequalities in your work and act to reduce them and empower others to.
4. Know what works to improve mental health and prevent mental illness within own area of work.	8. Recognise and act to reduce discrimination against people experiencing mental illness;	12. Support people who disclose lived experience of mental illness;

Leadership

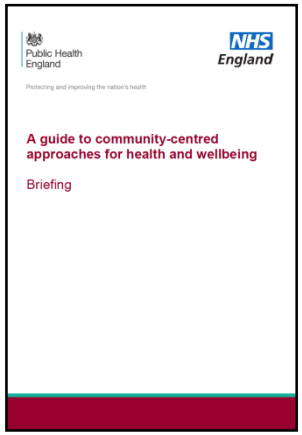
Ambition: Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies



Communities

Building confident and connected communities is an important route to improve health and reduce the health gap

2014/15 PHE and NHS England project to draw together and disseminate existing evidence and learning on working with communities



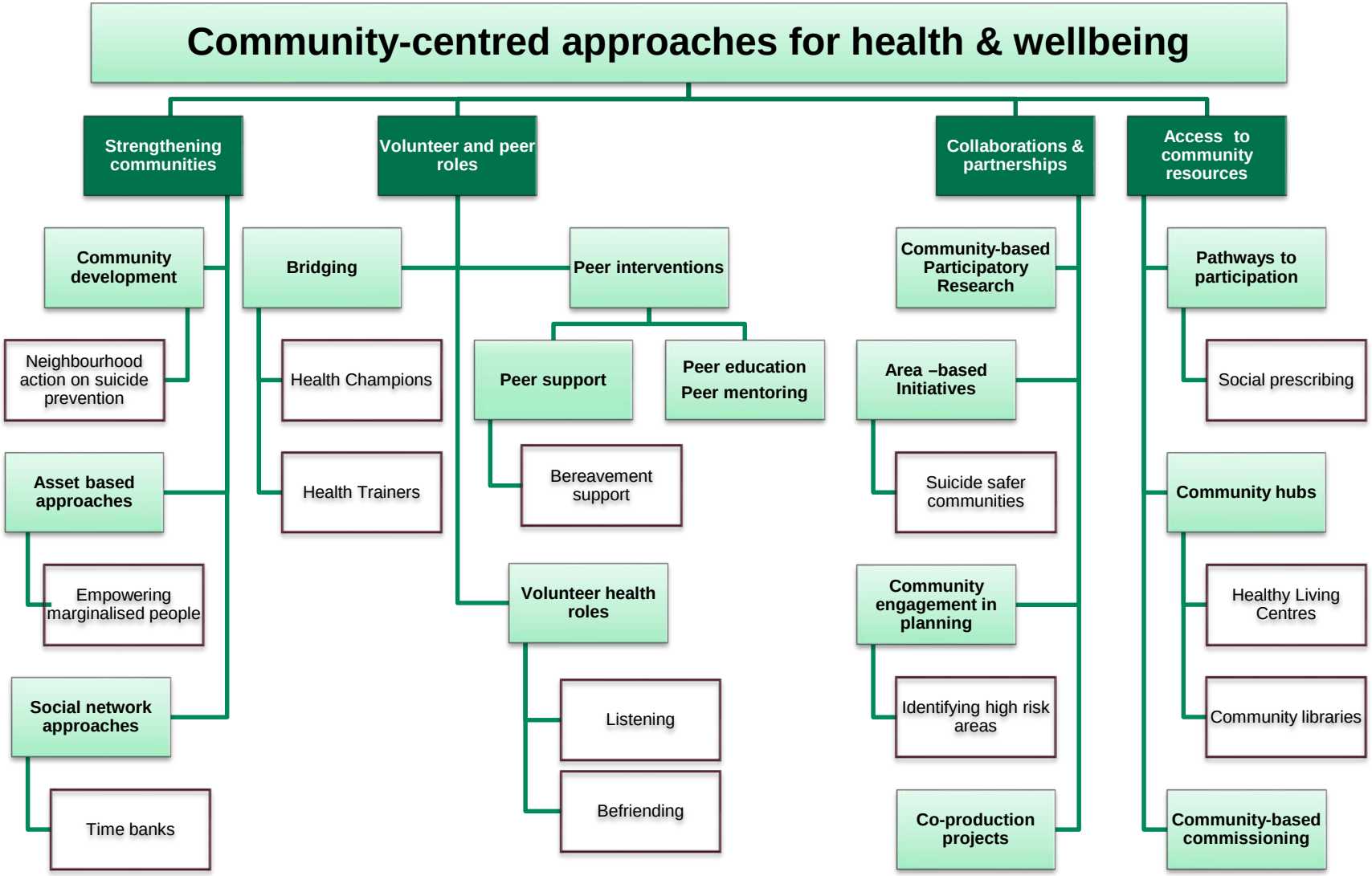
Guide & family published Feb 2015

2015/16 Evidence into action

- Embedding across PHE priorities
- Application of family to practice
- Development of knowledge portal
- Asset based approaches
- Communication and dissemination

System leadership
Good access to evidence and learning combined with strong collaborations will help grow and strengthen effective working with communities

Family of approaches



Community Centred Approaches and Assets Programme

A national collaborative programme for community centred approaches

Knowledge platform of evidence

- Collect and disseminate case studies of good practice
- Support learning, training and development
- Support Devolution work and local Vanguard sites
- Produce an asset based health profile and asset mapping tool
- Join up national work and effort (with NHSE)

Public Health England

Working in partnership: PHE with others

- **Children and Young People** implement Future in Mind and building on the 2015/16 Local Transformation Plans and going further to drive system-wide transformation
- **Health and Work:** innovation fund to support devolved areas to jointly commission more services that have been proven to improve mental health and employment outcomes, and test how the principles of these services could be applied to other population groups
- **Health and Justice:** develop a complete health and justice pathway to deliver integrated health and justice interventions in the least restrictive setting, appropriate to the crime which has been committed**.**
- **Holistic care pathways including Alcohol and Drug Misuse*:*** develop clear and comprehensive set of care pathways, with accompanying quality standards and guidance, for the full range of mental health conditions – informed by relevant public health expertise

Public Health England

PHE Working in partnership with others

- **Social Marketing:** The Department of Health should work with PHE to continue to support proven behaviour change interventions, such as Time to Change, and to establish Mental Health Champions in each community to contribute to improving attitudes to mental health by at least a further 5% by 2020/21.
- **Workforce development:** HEE should work with NHS England, PHE, professional bodies, charities, experts-by-experience and others to develop a costed, multi-disciplinary workforce strategy for the future shape and skill mix of the workforce
- **Research:** UK to aspire to be a world leader in the development and application of new mental health research. The Department of health working with all relevant parts of government, ALBs, research charities, independent experts, independent experts, industry and experts-by-experience, should publish a 10-year strategy for mental health research.

The FUTURE?

1. **Mental Health in Other Sectors (Mental Health in All Policies) -** Especially – schools and education, employment, housing, criminal justice, communities, children and families***. (embedding and integrating)***
2. **Addressing Social Determinants and Inequalities –** Jobs, Homes, Friends, Income, Health
3. **E-mental Health, Digital Applications** – which applications, which settings, which populations, what works?
4. **Emerging Leadership –** the next generation of leadership
5. **Shift to Wellbeing (upstream and integrated)** – exploration of meaning, definitions, measures, what works? (public mental health collaborative)
6. Applying the **evidence of what works**

Some PHE Web links

Public mental health leadership and workforce development framework
https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework

A guide to community-centred approaches for health and wellbeing
https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches

Guidance for developing a local suicide prevention action plan
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan__2_.pdf

National Mental Health Intelligence Network Website
http://www.yhpho.org.uk/default.aspx?RID=191242

Local Suicide prevention profile tool.
http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

Public Health England

Protecting and improving the nation's health

Thank you

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