

The New Public Health System

Opportunities and Challenges
for Counselling and Psychotherapy:
Finding ways to make the case with
evidence and innovation

Professor Martin Knapp

Gregor Henderson

Presentation Overview

- The New Public Health System
- Opportunities and Challenges
- Who needs evidence, what do they need?
- How we hope to supply the evidence
- Examples from three areas
- Your views?

Healthy Lives Healthy People (2010)

- *Responsibility for health and well-being needs to be shared across society*
- *Addressing inequalities and the root causes of people's circumstances is crucial*
- ***Self esteem, confidence, resilience, control have an important impact on our health and behaviour***
- ***Mental and physical health should be integrated***
- ***Psychological explanations of why people behave as they do can contribute to public health***

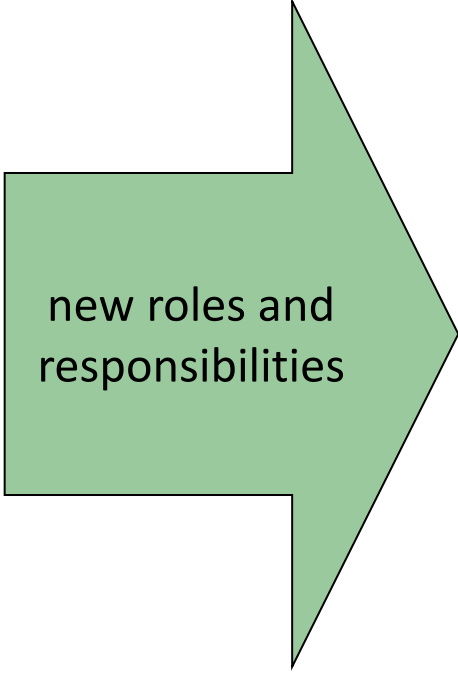
No Health Without Mental Health (2011) and Implementation Framework (2012)

6 Objectives

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Parity of Esteem

The new public health system



new roles and responsibilities

leadership role for local authorities and partners

supported by a new integrated public health service, Public Health England

working alongside the NHS, with its continuing role of promoting health through clinical services. And other agencies and sectors



clear priorities

stronger focus on health outcomes, supported by the Public Health Outcomes Framework

public health as a clear priority for Government, backed by ring fenced resources

Public Health System 2013

- DH – to set public health policy and PHOF
- PHE – to support delivery (through LG and the nhs, and other partners) and links to NHS CB
- Local Health and Wellbeing Boards (links to CCGs) – JSNAs and Hand WBg Strategies
- Local Government – local public health delivery – statutory duty to improve health

Public Health England

Public Health England has been established to **protect and improve the nation's health and wellbeing, and to reduce health inequalities.**

Public Health England will provide **national leadership** for the delivery of improved public health. Working with key delivery partners including local government, and the NHS, to secure improved health outcomes. PHE will:

1. provide the evidence and intelligence
1. work through **partners** and directly with the public to promote healthier lifestyles
2. act as an **advocate** for the public's health
3. monitor the public health outcomes framework
4. provide a nationwide service to protect the public from threats to health
5. programme of research in support of protecting and improving health

Mental Health in PHE

Public Health England's contribution in four key areas:

- 1 Health Protection** - emergency response, psychological preparedness, community resilience - improved capacity
- 2 Knowledge and Intelligence** – National Mental Health Intelligence Network to be established from April 2013, public health outcomes framework baseline figures and evidence reviews ready to launch
- 3 Health Improvement and Population Health** – Key posts and portfolio programme briefs; integrated working across life stages, lifestyles, social determinants and addressing inequalities, social marketing and behaviour change
- 4 Corporate contribution**– Wellbeing as an emerging transformational approach for public health delivery, PHE as a healthy employer, international contribution

LOCAL - Health and Wellbeing Boards

- Joint Strategic Needs Assessment (includes asset mapping)
- Joint Health and Wellbeing Strategies
- Key Local Priorities – and links to Outcome Frameworks
- Links to Clinical Commissioning Groups
- Local Public Health Departments – links to wider LA functions and Primary Care and Communities

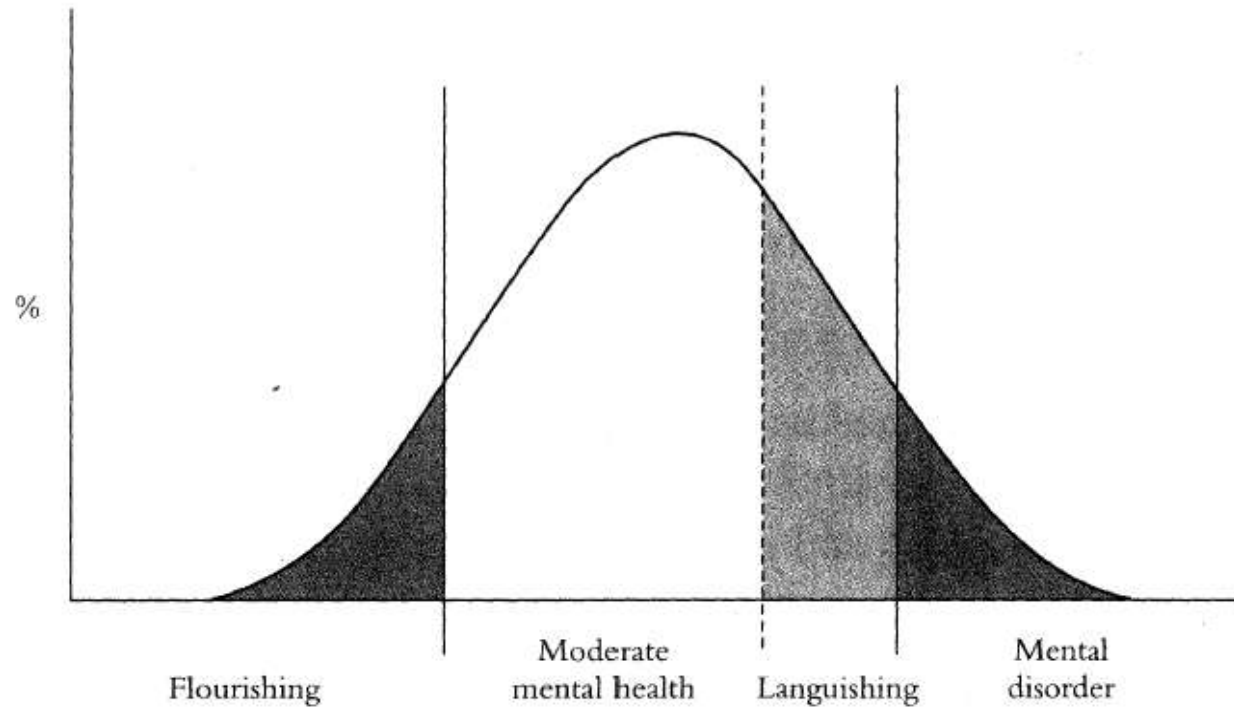
Public Mental Health

mental health in public health.....

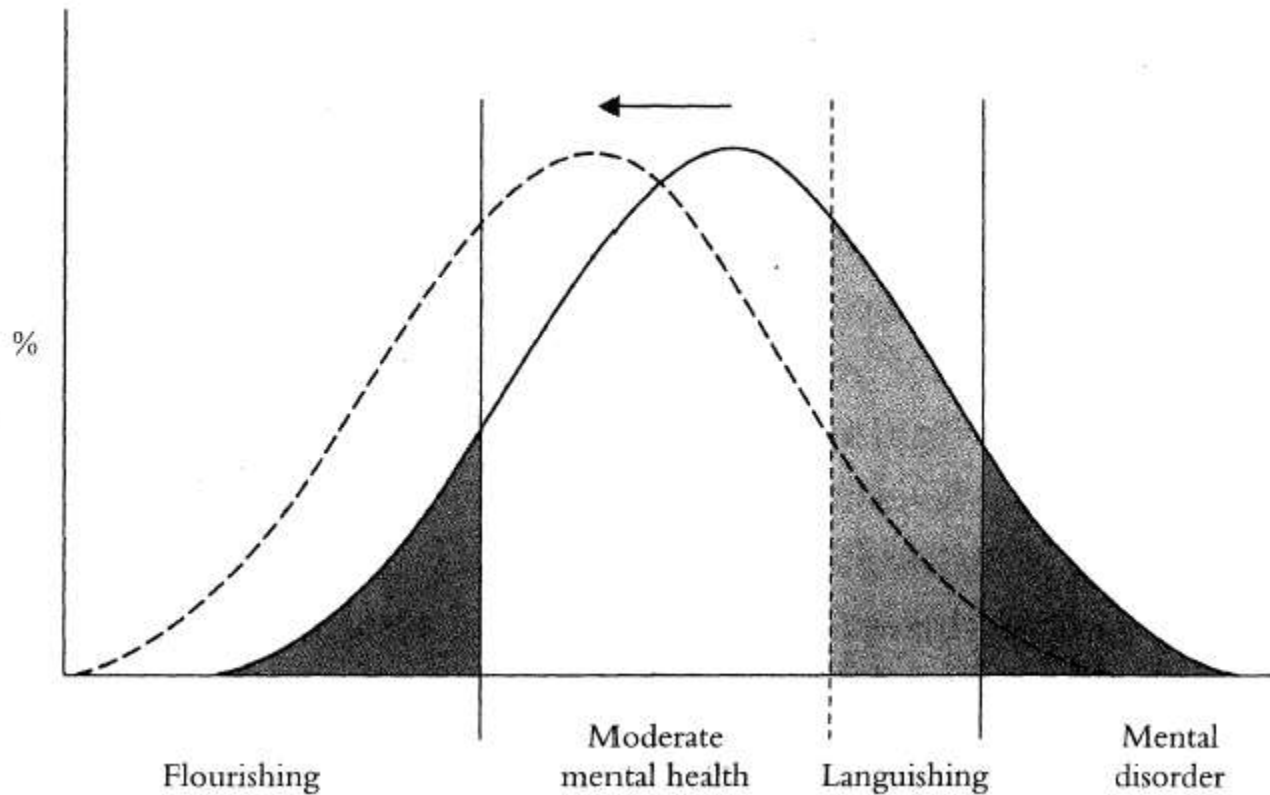
- Promotion of good mental health, mental wellbeing – social, emotional, psychological – across lifestages and lifestyle
- Prevention of mental illness
- Improve the health, quality of life and wellbeing for those living with and recovering from mental illness (jobs, homes, friends, income)

Going Broader:

The mental **health** spectrum in a population (Keyes and Huppert)



Shifting the mean of the **mental health** (or mental wellbeing) of the population (Rose)



PHE Early Priorities

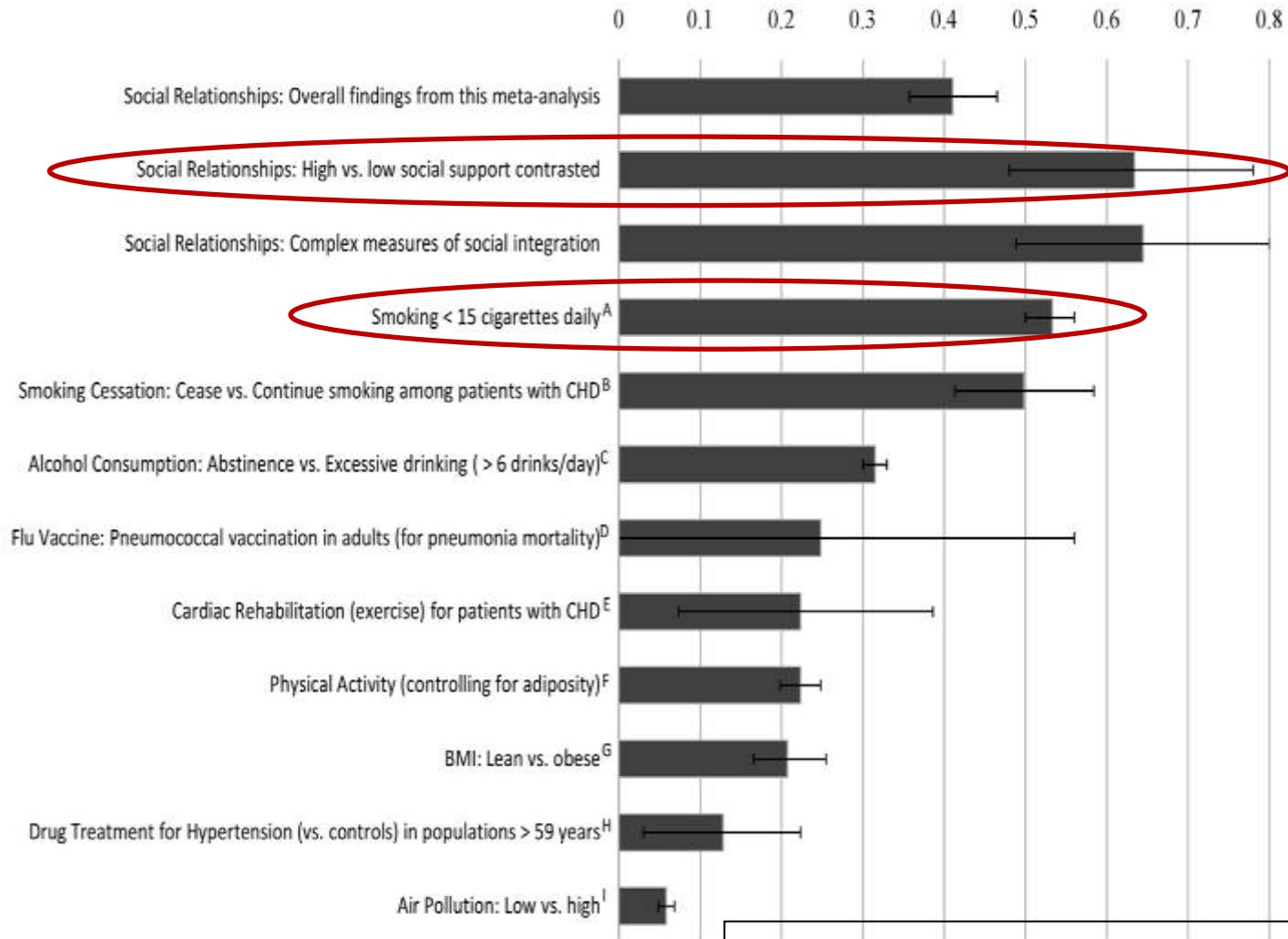
- Premature mortality – physical health of people with mental illness
- A contributing life
- Children and young people – early years, prevention, school based
- Working life
- Older age – combatting isolation
- Suicide prevention

Emerging.....

- Moving towards wellbeing – what influences our wellbeing?
- A shift (?) to how people think, feel, behave and act (behaviour change?)
- Greater interest in what lies behind why things are the way they are – conscious, unconscious, economic, social and cultural context
- Greater role for psycho-social approaches
- Growing concern over inequalities and their psychological impact....

Social relationships have big impacts – not just on mental health and wellbeing but also ‘hard’ impacts like mortality

Meta analysis: comparative odds of decreased mortality



Source: Holt-Lundstad et al 2010

Relationships

The Tavistock Centre for Couple Relationships **‘ What do couple relationships have to do** **with public health’**

- Quality of relationships is key
- Affects significant health factors
- Improving close and personal relationships can help improve a range of public health outcomes

Inequalities – ‘written on the psyche’

‘.....levels of mental distress (*ill-being*) among communities need to be understood less in terms of individual pathology and more as a response to (poverty) relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological well-being’

Dr Lynne Friedli, ‘Mental Health, Resilience and Inequalities.’ WHO Europe 2009

Integrated Health Improvement

- Alcohol misuse
- Drug misuse
- Sexual Health
- Obesity
- Smoking
- Working life

Psychological, emotional and social aspects

Population Approaches

- Population Psychological Health and Wellbeing – eg Glasgow Steps
- Use of new technologies – eg Big White Wall
- School Populations – eg The Place 2 Be

BMJ News

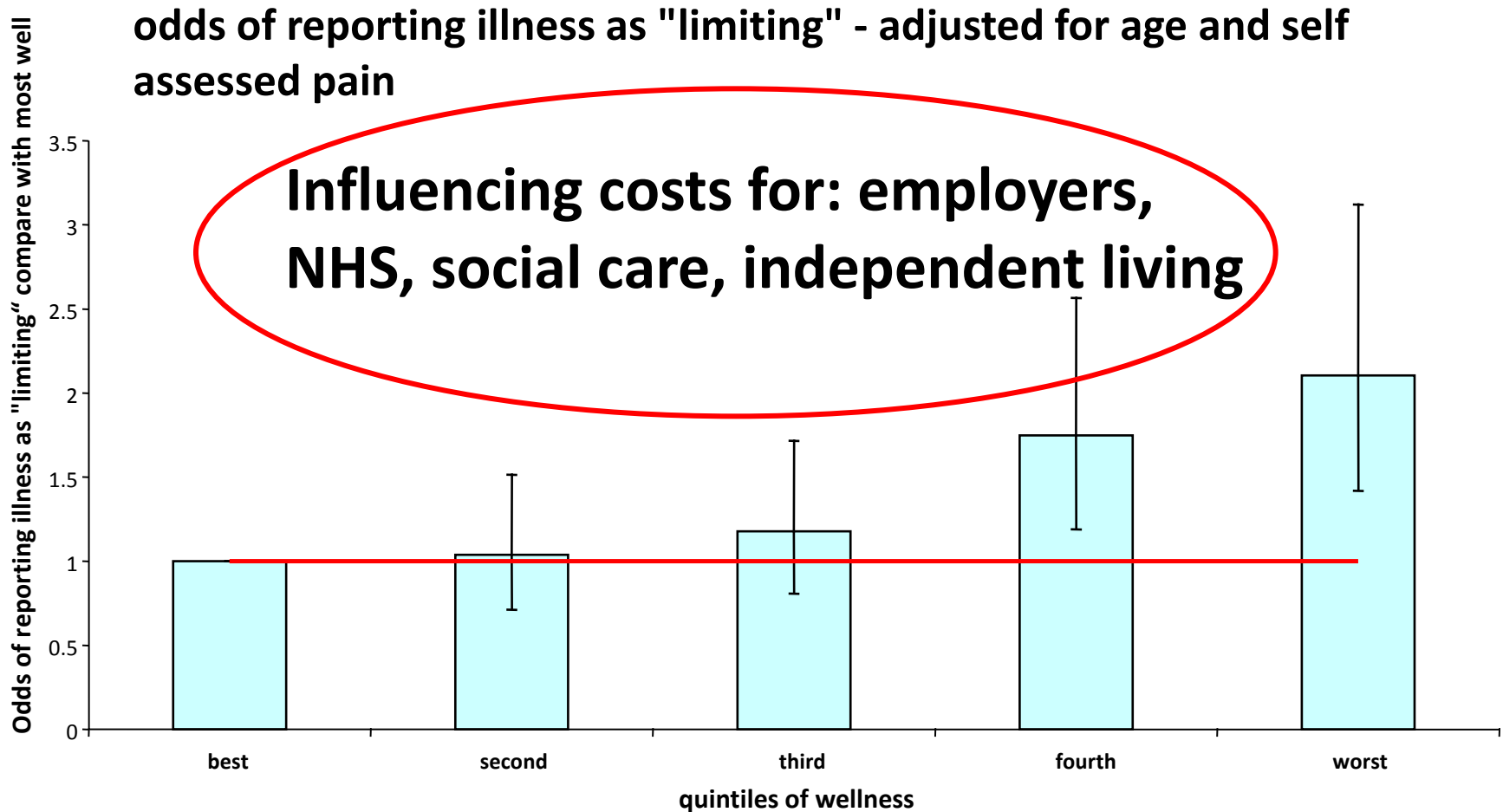
‘NHS spending should focus on mental rather than physical health to promote wellbeing’

Reporting on the establishment of a Commission on Wellbeing to be led by Lord Gus O’Donnell

BMJ November 2012

Recover from, and manage illness sooner

Adults reporting chronic muscular-skeletal illness (first) in HSE 2006



Source: Tom Hennell *The nature of wellbeing and its relationship to inequalities* 2010

Predictions of a successful life

LSE work – developing a life course
model of wellbeing

Opportunities for c and p

- Public Health Outcomes – engage
- Making every contact count for better mental health
- Social marketing and behaviour change
- Use of new technologies – internet and social media in supporting improved emotional and mental health
- Part of what will make a difference to addressing key lifestyle challenges
- Helps with the health care services contribution to improving health (physical and mental – parity of esteem....)
- Helps address wider psycho- social determinants across life stages

Challenges

- Same old public health?
 - Clinical, bio-medical
 - Dominance of physical illness
 - Professional protectionism, dominance
- Or moving to the next stage?
 - Social determinants
 - Move to psycho-social view
 - Collaborative and community oriented working

Challenges

- Moving to integrated services
- Workforce – specialist and general
- Shift to localised and community solutions
- Poor data and information
- Austerity and the need for innovation and new ways of doing public health – mental health can help

What might help

- A seat at the table
- Better needs assessment, including individual and community psychological assets
- Better data, especially on outcomes that matter
- Evidence base – presentation, dissemination and how it should be used in practice
- Courage and commitment to try and innovate
- Collaborative approach – coalition of interests

Onto the Evidence

What works: who wants evidence?

- Government bodies (local, national)
- Health and wellbeing boards
- Commissioners (NHS, councils ...)
- Providers of counselling and psychotherapy
- Regulators
- People who use or need support / treatment
- ... and their families or carers
- Taxpayers
- Advocacy / lobbying bodies

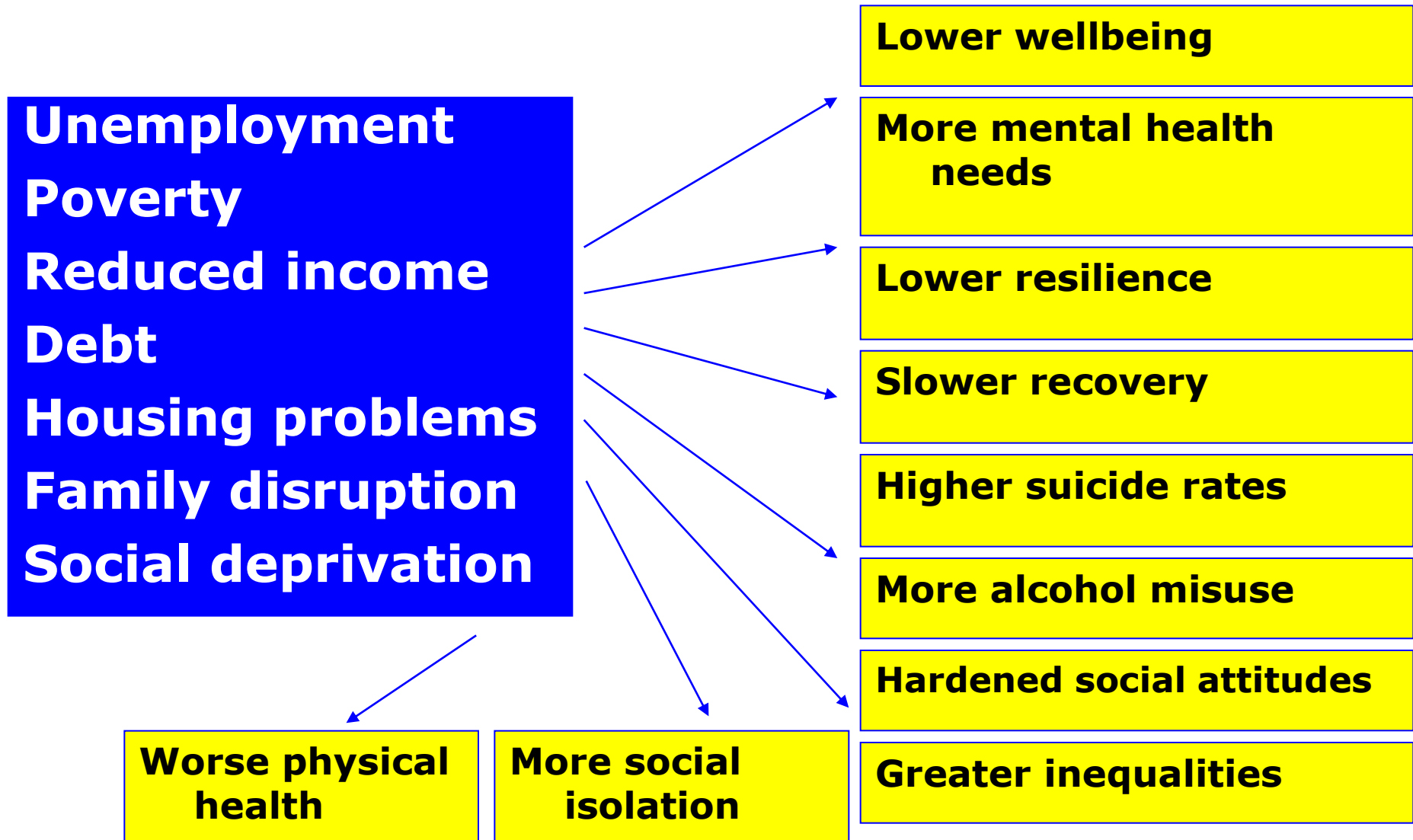
And one reason they want evidence is...

Scarcity

There are never enough resources to meet all individual / societal needs or wants.

And this is even more apparent during economic recession and fiscal austerity.

Austerity is bad for your mental health



Our aims in this commissioned study

- Describe the changing public health policy context across the UK ...
- ... and particularly in relation to the importance of counselling and psychotherapy (C & P) for public mental health over the life-course.
- Review the evidence on what works ...
- ... and with what economic implications. (This will necessarily be selective).
- Assemble materials that will help to make the case locally for C & P

Providing economic data to help

Information that can help decision-makers:

- The overall costs of (say) depression, and how those costs are distributed across different budgets
- The cost of a particular intervention and its alternative
- The cost of an intervention compared to the savings it generates (and how savings are distributed)
- The cost of an intervention relative to the outcomes it achieves, compared to the alternative intervention
- How economic incentives might help to change patterns of behaviour

Cost-effectiveness: what does it mean?

If the clinical/care question is:

'Does this intervention work?'

Then the economic question is:

'Is it worth it?'

Which then usually requires
difficult and perhaps
controversial trade-offs

Providing economic data to help

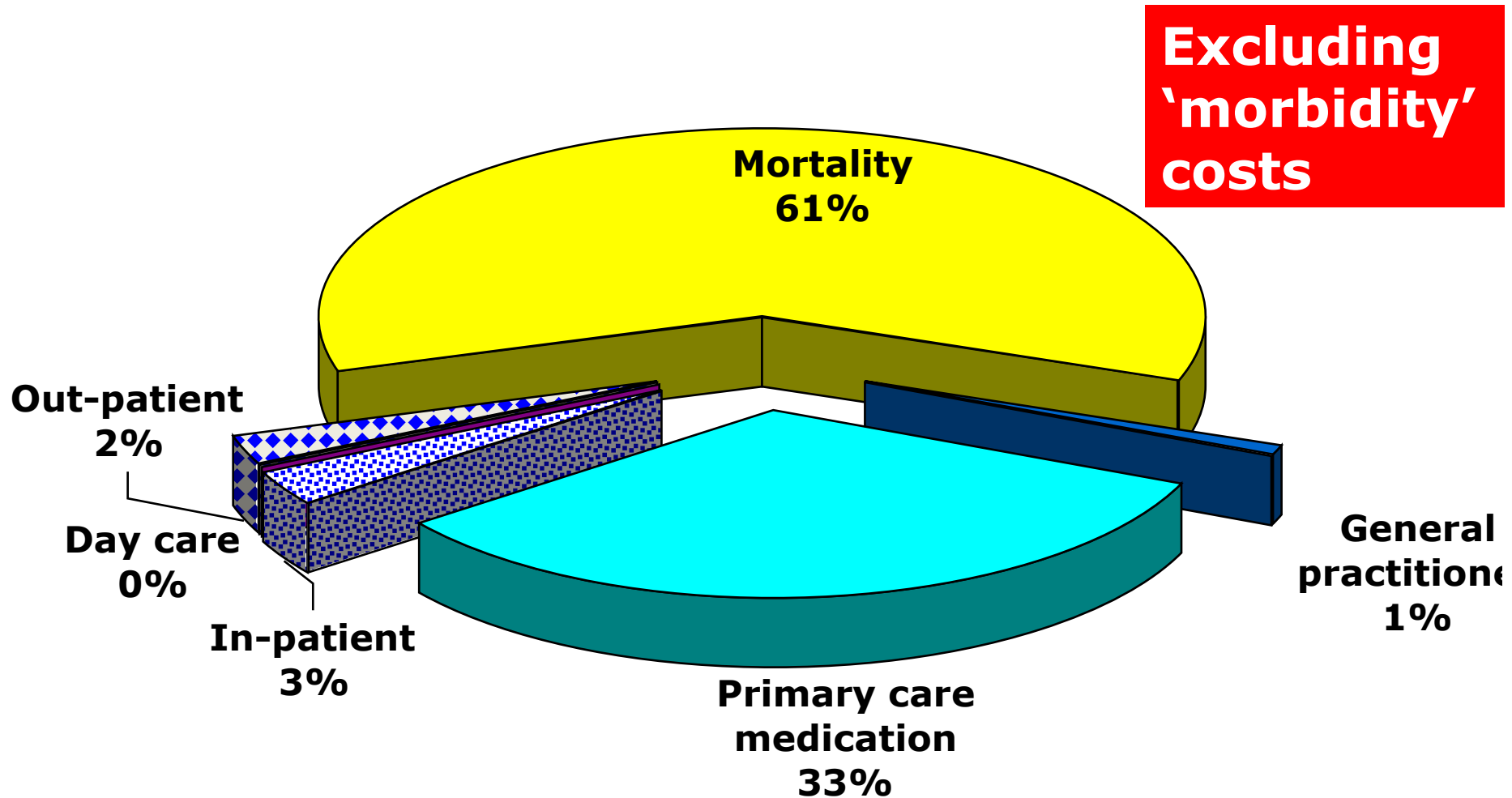
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More useful but more complicated

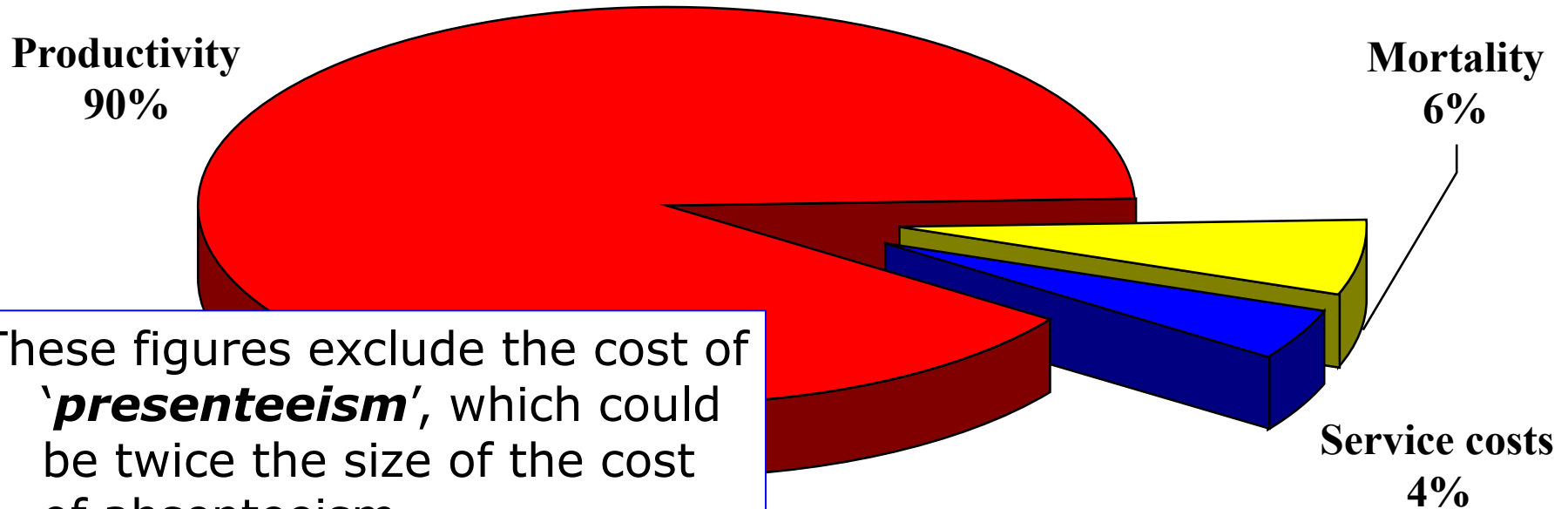
Three examples of *economic* impact

1. Depression – costs for adults in England, 2000



Depression – costs for adults in England, 2000 - continued

Total cost = £9 bn



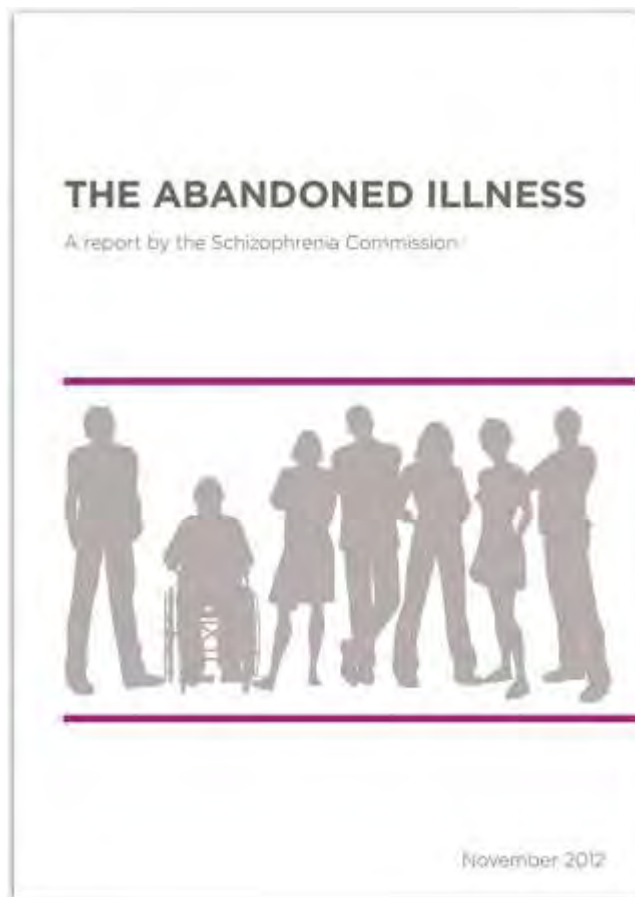
These figures exclude the cost of '**presenteeism**', which could be twice the size of the cost of absenteeism
(Sainsbury Centre for Mental Health 2007)

Moving towards recommendations ...

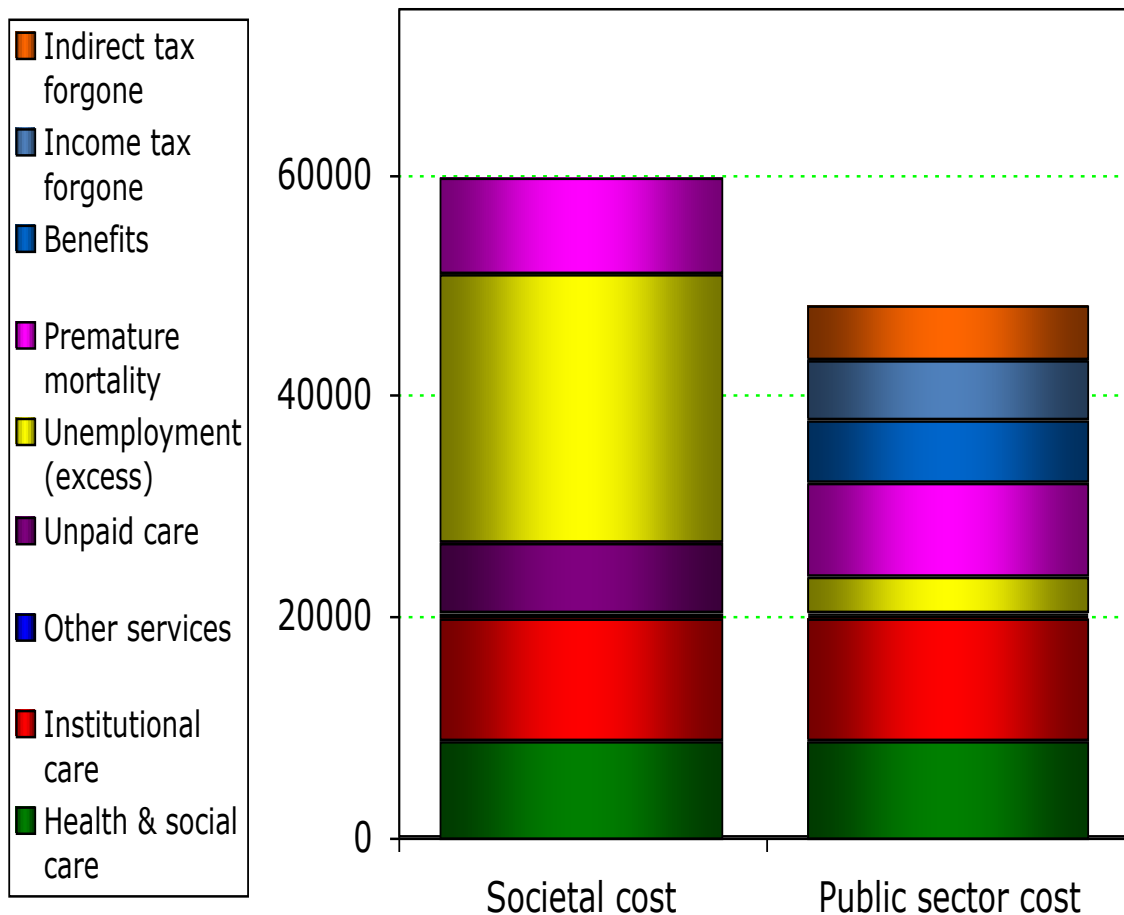
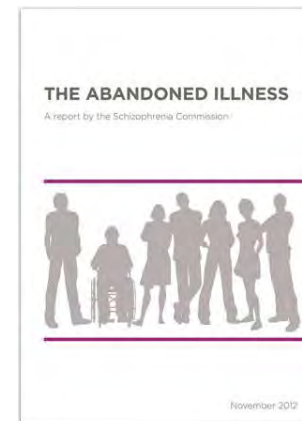
- We will assess the available evidence to see what case can be made ...
 - a. review the reviews
 - b. make links to the public health agenda
 - c. try to model the economic consequences

We would very much like your suggestions please

2. The Schizophrenia Commission



Schizophrenia has large economic consequences



Impacts are felt by:

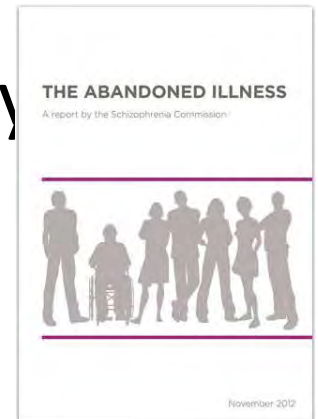
- People with the illness
- Families
- Public sector
- Wider society

Key recommendations included:

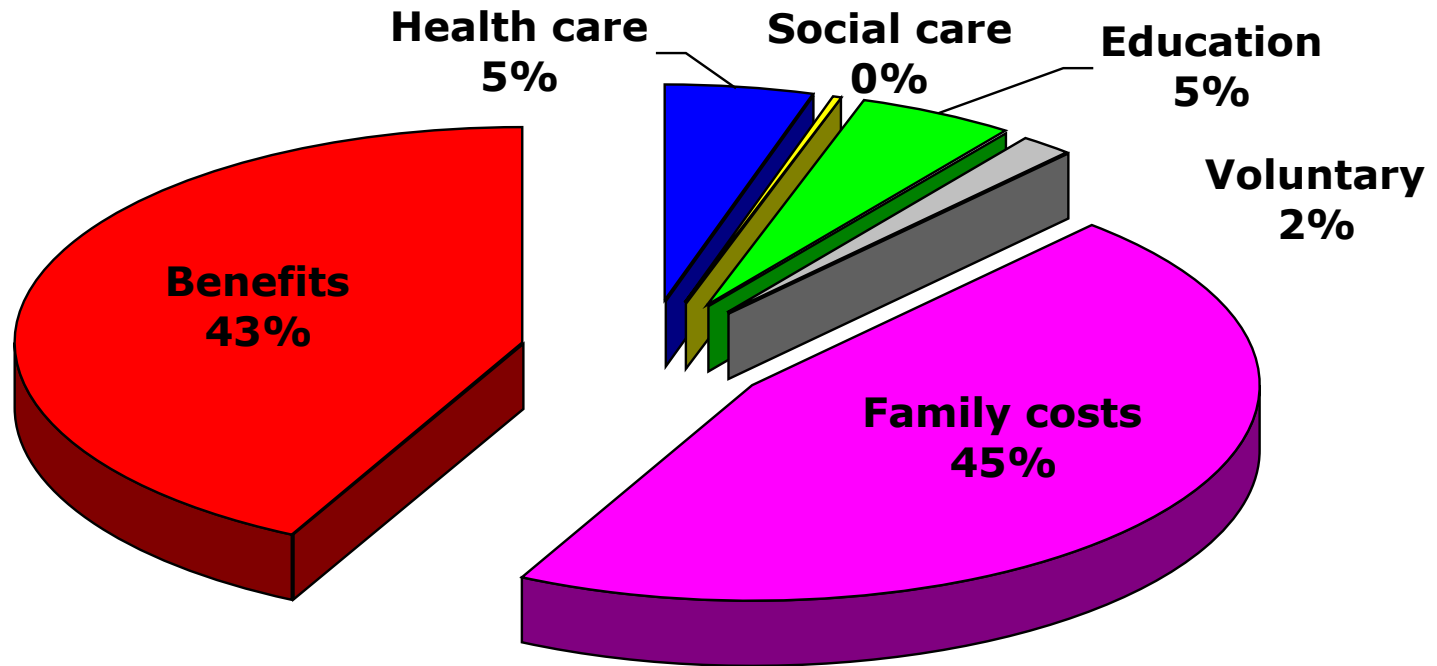
- Much better monitoring of physical health
- Extending the popular *Early Intervention for Psychosis* services (not cutting or diluting)
- Increasing access to psychological therapies in line with NICE guidelines

But the evidence base on psychological therapies is uneven, and accompanied by little economic analysis

Again – we'd like to hear from you

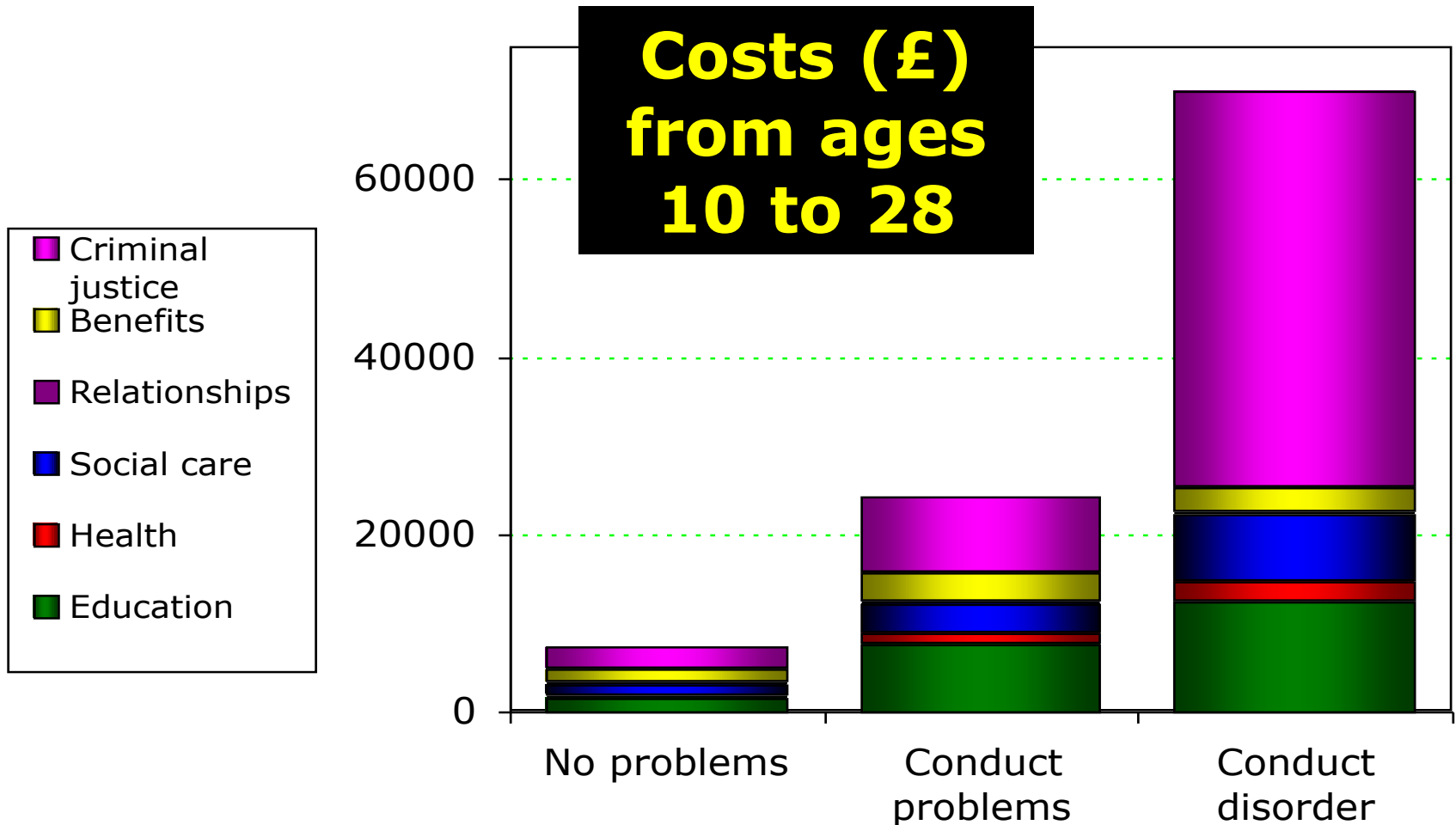


3. Young children with persistent antisocial behaviour – the costs



Total cost excluding benefits averaged £5,960 per child per year, at 2000/01 prices (benefits = £4307)

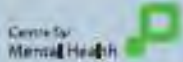
Service costs from 10-28 years linked to antisocial behaviour at age 10



Parenting programmes for families with a child with conduct disorder

- Researchers examined the longer-term economic impacts of individual and group-based parenting programmes – from many trials.
- And then modelled long-term consequences (into early adulthood) and associated costs / savings.
- They found an ‘economic return’ of **£7.89** for every £1 invested, which including savings in public expenditure of **£2.87**.
- **We’d like to hear from you about this or other approaches.**

An example of economic *analysis* to
inform policy and commissioning
decisions



Mental health promotion and mental illness prevention: The economic case

Martin Knapp, David McDaid and
Michael Parsonage (editors)

Personal Social Services Research Unit,
London School of Economics and Political Science

January 2011

Report to be published by the Department of Health, London



www.pssru.ac.uk

Google search on Knapp,
McDaid, Parsonage
Mental health promotion

We examined 15
separate interventions,
each of them already
evidence-based.

But none had any
economic evidence.

So we used modelling
methods to simulate
whether there was an
economic case for
action.

Economic pay-offs per £1 investment	NHS	Other public sector	Non-public sector	Total
Early identification and intervention as soon as mental disorder arises				
Early intervention for conduct disorder				
Health visitor interventions to reduce postnatal depression				
Early intervention for depression in diabetes				
Early intervention for medically unexplained symptoms				
Early diagnosis and treatment of depression at work				
Early detection of psychosis				
Early intervention in psychosis				
Screening for alcohol misuse				
Suicide training courses provided to all GPs				
Suicide prevention through bridge safety barriers				
Promotion of mental health and prevention of mental disorder				
Prevention of conduct disorder through social and emotional learning programmes				
School-based interventions to reduce bullying				
Workplace health promotion programmes				
Addressing social determinants and consequences of mental disorder				
Debt advice services				
Befriending for older adults				

Economic pay-offs per £1 investment	NHS	Other public sector	Non-public sector	Total
Early identification and intervention as soon as mental disorder arises				
Early intervention for conduct disorder	1.08	1.78	5.03	7.89
Health visitor interventions to reduce postnatal depression	0.40	-	0.40	0.80
Early intervention for depression in diabetes	0.19	0	0.14	0.33
Early intervention for medically unexplained symptoms	1.01	0	0.74	1.75
Early diagnosis and treatment of depression at work	0.51	-	4.52	5.03
Early detection of psychosis	2.62	0.79	6.85	10.27
Early intervention in psychosis	9.68	0.27	8.02	17.97
Screening for alcohol misuse	2.24	0.93	8.57	11.75
Suicide training courses provided to all GPs	0.08	0.05	43.86	43.99
Suicide prevention through bridge safety barriers	1.75	1.31	51.39	54.45
Promotion of mental health and prevention of mental disorder				
Prevention of conduct disorder through social and emotional learning programmes	9.42	17.02	57.29	83.73
School-based interventions to reduce bullying	0	0	14.35	14.35
Workplace health promotion programmes	-	-	9.69	9.69
Addressing social determinants and consequences of mental disorder				
Debt advice services	0.34	0.58	2.63	3.55
Befriending for older adults	0.44	-	-	0.44

We would like to know ...

- What sort of evidence would best support your work – and your continued funding?
- Are there particular areas that need emphasis? (E.g. particular needs, diagnoses, public health issues ...?)
- How can we best present the evidence to help make the case?

Public Health England's remit

Public Health England's remit spans full range of public's health.

Mission

To improve and protect health and wellbeing, and reduce inequalities

Outcomes

Improvement across relevant outcomes

- wider determinants
- health improvement
- health protection
- health care

Levers/Delivery Models

Health Protection

- end to end delivery chains
- clear command structure to SoS
- expertise in large scale response

Health Improvement

- supporting LA, intelligence, evidence into practice
- advocacy and publication of outcomes
- professional relationship
- limited national interventions

Health Care

- specific PH specialist contributions
- section 7A management
- supporting NHS, intelligence, evidence into practice
- advocacy and publication of outcomes

Key task

- Ensure **credible and consistent local delivery**
- Retain international reputation

- Build **new 21st century capability** in support of LA in holistic response to health and wellbeing

- Establish **explicit PH support** to NHS from current implicit practice

Taking Shape: Nationwide presence

