A White Paper,

Health Life, Mental Health Brief

Submitted By,

MD: Sazzadul Alam Sajib,

ID:171-35-217,

Section :PC-B

Department of SWE,

Daffodil International University.

Submitted To,

Raihana Zannat,

Lecturer,

Department of SWE,

Daffodil International University.

**Contents**

**1.0** Introduction

**2.0** Aims

**3.0** Background

**4.0** The importance of mental health and well-being

**5.0** Healthy Lives, Healthy People: key themes in the White Paper

**5.1** Mental health, inequalities and the wider determinants

**5.2** Health and well-being throughout life

**6.0** Outcomes and indicators for Public Mental Health

**7.0** Local public health systems and the contribution of public mental health

**8.0** Conclusions and action points

1.0:Introduction

Public health and mental health

People want to stay as healthy, active and independent as possible. We each have responsibility for our own health and well-being throughout our lives. At the same time, the Government – as well as the citizen – has a role in promoting healthier, longer lives lived to the full. In our society, not everyone has the same opportunities or capacity to take action to improve their own health and wellbeing. We will build on and strengthen the opportunities for improving the health of the population set out in *Choosing Health*. Public bodies can and should do more to support individuals and give everyone an equal chance to become and stay healthy, active and independent. People in the *Your health, your care, your say* consultation reflectedthis view strongly. They said that they wanted to take responsibility for their health and to be helped to do that. This echoed the strong messages in *Independence, Well-being and Choice* where people wanted services tosupport their independence, put them in control and focus on the preventionof ill-health and promote well-being at all stages of their lives. These are not idle aspirations. As a nation, we are faced with the real possibility that – due to lifestyle changes – **our children will not live as** **long as their parents unless there is a shift towards healthier living.**Millions of working days are lost each year through ill-health, with mental health problems and stress now the most frequent causes of this. Services also must respond to the needs of the ageing population, supporting people to continue to live full, healthy and independent lives as they grow older. Preventing ill-health and enabling people to play a full role in their local communities are also key parts of the Government’s work on regeneration and building sustainable communities. And the quality of the environment, for example of our air and water, is vital to health and an important aspect of health protection.

2.0: AIMS

This briefing considers the implications, for population mental health, well-being and mental health services. It covers the importance of population mental health and well-being, key themes in the White Paper and the opportunities presented by the new public health arrangements to strengthen the contribution of public mental health.

**3.0 Background**

The White Paper sets out commitment to:

protecting the population from serious health threat helping people live longer, healthier and more fulfilling lives

improving the health of the poorest, fastest.

The Four chapters of the White Paper cover:

1. **Radical new approach:** empowering local government and local communities
2. **Health and wellbeing throughout life:** starting well, developing well, living well, working well, ageing well
3. **New public health system:** outlines role of local government, NHS and other stakeholders
4. **Making it happen:** details of the transition process

4.0: THE IMPORTANCE OF MENTAL HEALTH AND WELL-BEING

Public mental health aims to promote the mental health and well being of the whole population, to prevent mental illness and to improve quality of life for people living with mental health problems. It also aims to reduce the sharp inequalities in outcomes between those who have a mental disorder and the rest of the population.

The White Paper focus on the importance of mental health is extremely welcome. Good mental health and wellbeing is fundamental to all our lives. The skills and attributes associated with mental wellbeing (e.g. self respect, confidence, resilience, tolerance, empathy, sense of meaning) influence a very wide range of outcomes. These include physical health, educational attainment, employment, earnings, health behavior, crime, relationships and quality of life. Mental health is a positive sense of wellbeing and not only, or necessarily, the absence of mental illness. People with mental health problems may also have good levels of wellbeing. Creating conditions to strengthen the wellbeing of people experiencing mental illness is central to the Recovery agenda. Local public health systems with a strong commitment to mental health have the potential to make a significant contribution to the health, wellbeing and quality of life of people living with mental health problems.

5.0: HEALTHY LIVES, HEALTHY PEOPLE

Government sets out a vision for improving public health by shifting power to local communities, reducing health inequalities, taking action across government, improving health at different stages of life and working in partnership with business and the voluntary sector.

The White Paper also raises a number of important issues in relation to mental health:

* the prevalence of mental health problems is increasing.
* mental health and wellbeing influence a wide range of health and other outcomes.
* key attributes of mental wellbeing (e.g. self esteem, confidence and resilience have an important impact on health behavior).
* mental health and physical health should be integrated.
* behavioral science.

The contribution of both mental well-being and mental illness to physical health is another important link throughout the document; as well as the impact that physical health and long term conditions have on mental health.

**5.1: MENTAL HEALTH, INEQUALITIES AND THE WIDER DETERMINANTS**

The acknowledgement of the wider determinants of health is crucial: mental health is strongly influenced by social factors. There is a commitment to addressing health inequalities and the *root causes of people’s circumstances*. Mental health, like physical health, can only be fully understood by addressing the impact of a range of factors, including employment, social networks and the quality of the environment.

Central government will continue to tackle child poverty. The government aims to eradicate poverty by 2020, and will publish a strategy for child poverty in the spring. The Government’s current review of the over-sexualization of children (e.g. through inappropriate advertising and merchandising) should also contribute to efforts to reduce factors harmful to children’s confidence and self-esteem. Public health will continue to have a role in tackling violence and abuse, working to improve the health response to violence in line with the recommendations set out in *Improving services for women and child victims of violence*.

At a community level, a welcome commitment is made to increase access to green space in order to improve everyone’s mental health.

While mental wellbeing is seen as one of the determinants of healthy choices, *improvement across three factors is needed to reduce inequalities and improve overall health*:

* wider social influences
* the lifestyles people have
* the services they use.

**5.2: HEALTH AND WELL-BEING THROUGHOUT LIFE**

The White Paper takes a life course approach to public health, covering early years and childhood (*starting well, developing well*), adult life and employment (*living well, working well*) and old age (*ageing well*). The life course approach is also part of an emphasis on approaches tailored to the stages, circumstances and transitions of individuals and local communities – *no ‘one size fits all’.* This will involve *shifting power to local communities and working in partnership with business and the voluntary sector*.

**5.2.1: Starting well, developing well**

The focus on early years, through universal parenting support, targeted early intervention and tackling child poverty will provide the foundation for good mental health. The Healthy Child Programme and programmes on healthy schools, healthy further education and healthy universities will continue. Preventing childhood mental health problems and intervening early is also seen as a key strategy, through school nursing, access to talking therapies, mental health promotion, tackling violence and abuse, child protection and supporting transitions into adulthood.

* The Healthy Child Programme will be delivered alongside the Family Nurse Partnership to support families, with an emphasis on building community capacity to improve children’s physical and mental health and well-being.
* The number of health visitors will increase significantly (by 4,200). Longer term, health visiting services will be commissioned locally.
* The first phase of single community (pooled) budgets for families with complex needs will focus on prevention.
* The importance of good mental health to educational attainment and health behavior is recognized: *school-based mental health promotion can improve self-esteem and reduce risky behavior, particularly for those at higher risk*. This will be achieved through the Healthy Schools programme that includes Personal Social and Health Education and mental health promotion initiatives. DH is also developing a new vision for school nurses. Schools will continue to draw on additional expertise from local health professionals and children’s services.
* The focus on self-esteem, personal responsibility, engagement and cohesion will also be promoted through a National Citizen Service, to be piloted for around 10,000 young people in summer 2011.

**5.2.2: Living well, working well**

Influencing health behavior will be achieved through partnership, through expansion of the Change4Life programme to reflect behavioral science and a greater emphasis on mental wellbeing.

* ‘Responsibility Deals’ are planned to increase business responsibility for their impact on public health. Five networks on food, alcohol, physical activity, health at work and behavior change will be launched in 2011.
* Discussion is underway on steps to influence tobacco and alcohol sales; promote healthy eating and physical activity, align treatment services for drug and alcohol and provide easier access to sexual health services.

**5.2.3: Ageing well**

Health in old age is seen as related to opportunities to remain active, to maintain social networks, to contribute and participate and to enjoy a good standard of living. The basic state pension will increase by the highest of the growth in average earnings, prices or 2.5% and people will also be able to continue working past the current default retirement age. It is recognized that poverty has a strong influence on people’s experience of old age: for example people on low incomes are much more likely to experience loneliness and a lack of social support, both risk factors for depression in later life. Age discrimination is also a factor.

Public health is expected to be better integrated with areas such as social care, transport, leisure, planning and housing, keeping people connected, active, independent and in their own homes.

6.0: OUTCOMES AND INDICATORS FOR PUBLIC MENTAL HEALTH

The proposed outcomes framework presents a relationship between public health, adult social care and the NHS in terms of shared outcomes. Also acknowledged are the potential outcomes with other partners for example children’s services, employment services, leisure, transport and housing. No details of these are given as yet but the co-production of wider shared outcomes will be vital for public mental health.

All the five domains are highly relevant to public mental health:

1. **Health protection and resilience:** protecting people’s mental health and resilience following major emergencies is important to achieving this outcome.
2. **Tackling wider determinants of health:** indicators on poverty, housing, employment, domestic abuse, green space, noise, community safety, social connectedness and others are all highly relevant to mental health. Other key determinants might include local democracy and social cohesion, job security, financial security. These together with access to green open space recognize the need to measure community assets as well as deficits, in tackling inequalities which could be developed further and potentially incentivized.
3. **Health improvement**: the inclusion of an indicator on self reported well-being, measured through WEMWEBs, will provide a much needed national and local baseline to track improvement over time and also to support measuring effectiveness of local interventions.
4. **Prevention of ill health:** attention to self harm is part of the agenda to prevent mental ill-health although hospital follow-up, rather than admissions, may be the preferred outcome. Workplace sickness absence is significantly mental health related and requires a wider system, beyond health, to achieve.
5. **Health life expectancy and preventable mortality:** suicide rates rightly remain on the list alongside the welcome addition of mortality rates of people with a mental illness – a key health inequality that might be worth incentivizing in order to accelerate the much needed attention.

**7.0: OUTCOMES AND INDICATORS FOR PUBLIC MENTAL HEALTH**

The new arrangements for public health – notably the transition to local authority responsibility and the focus on empowering local communities – present important opportunities for public mental health. Key strengths include greater potential for:

* whole systems approaches to promotion, prevention and recovery
* community involvement, as public health becomes part of the local democratic process
* strengthening the public mental health contribution of primary care
* greater recognition of the role of voluntary and business sectors
* personalization and identifying/enabling community based and mainstream sources of support for mental health.

The mental health and wellbeing challenges are likely to include maintaining a strong focus on the wider determinants of mental health and ensuring that efforts to empower individuals (to adopt healthy lifestyles, to take up employment) also address the significant barriers of multiple disadvantage and deprivation

Government already makes a significant contribution to mental health and wellbeing and will now be in a position to provide stronger leadership and a more integrated approach

8.0: CONCLUSIONS AND ACTION POINTS

Although recent years have seen growing awareness both of the importance of mental health and the economic case for a greater focus on promotion and prevention, this has not been reflected in public health priorities. The Public Health White Paper however, shows both an awareness of and commitment to both the promotion of good mental health or mental wellbeing and the prevention of mental health problems and early intervention, plus support for improving the quality of life and recovery of people living with mental illness. This is a significant step forward in modern public health policy making.

To help make the greatest gains from this welcome and radical step forward, there are a number of areas for action that can be highlighted. This is not an exclusive list, but rather a series of suggested actions that may help support the welcome presence given to public mental health and its future local implementation.

The following action points are intended to ensure that improving population wellbeing, preventing mental illness and supporting the recovery of people with mental health problems lie at the heart of the new local public health systems:

* + The Cabinet Sub-Committee on Public Health, working across multiple government departments, will be central to addressing the wider determinants of mental health and wellbeing. A renewed focus on individual, community and local action must be matched by consistent scrutiny of Government’s role in influencing wellbeing.
* Good quality employment is of central importance to mental health. Interventions to increase employment chances and to improve mental health at work are both effective and cost effective. An integrated approach should include support for people with mental health problems to gain and stay in employment (e.g. Individual Placement and Support programmes) and organization wide programmes promoting mental health in the workplace.
* Building individual and community resilience contributes to the shared responsibility for public mental health as well as creating efficiencies across the local system. New partnerships between GP Commissioning Consortia, local government and communities will help provide integrated approaches to tackle physical and mental health holistically through a shared outcome focus on wellness and well-being.
* The call for strong evidence of what works and quality evaluation of new and innovative approaches is particularly welcomed for the area of positive mental health and well-being. This will support demonstrating outcomes across multiple sectors within local systems. The insights of behavioral science alongside evidence on bio-psycho-social, ecological and economic approaches will contribute to public mental health outcomes.
* There is a need to identify public mental health outcomes for local areas and to have ways of measuring progress towards achieving these outcomes. The focus on measures and indicators of wellbeing helps bring a renewed and welcome attention to improving public mental health at both national and local levels. This will strengthen JSNAs to include a better understanding of health assets and variations in well-being and subsequently to inform the commissioning process to achieve better outcomes in well-being across the population.

**References**

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272238/6737.pdf>

<http://www.champspublichealth.com/writedir/d3f7public-health-white-paper-briefing-special.pdf>

well-being.