

No health without mental health: a cross-government mental health outcomes strategy for people of all ages

On 2nd February 2011 the government launched No Health without Mental Health: a cross-Government mental health outcomes strategy for people of all ages.

The strategy aims to **mainstream** mental health treatment in England by **tackling the root causes** of mental ill, focussing on measurable **outcomes** rather than top down targets and delivering high quality **local** services that put **people at the heart** of what they do.

Mental health problems are very common. One in four people in the UK experience a diagnosable mental health problem at some point during their life¹. This strategy takes a life course approach which aims to equip the population to meet the social, economic and environmental challenges we face – a good start in life, developing well, living well and ageing well.

The six shared objectives are as follows:-

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have better physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm – this is about high quality public services
6. Fewer people will suffer stigma and discrimination

It is now clear that mental health is everyone's business.

*"People who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a **suitable and stable place to live.**"*

The strategy says that not enough attention has been paid in the past to the importance of housing and employment in the recovery process.

¹ McManus S, Meltzer H, Brugha T et al (2009) Adult Psychiatric Morbidity in England, 2007: Results of a household survey

The housing context

The strategy highlights that people who are homeless have 40-50 times higher rates of mental health problems compared with the general population. They are also 40 times less likely to be registered with a GP. Research shows that people with mental health problems are more likely to be homeless² or in insecurely housed and more likely to live in areas of high social deprivation³. A 2006 study⁴ found that people with mental health problems were more likely to live in rented accommodation than to be owner occupiers; twice as likely to be unhappy with their housing and four times as likely to say that it makes their health worse. The same study found mental ill health frequently cited as a reason for tenancy breakdown and a lack of awareness of mental health issues amongst housing staff and conversely a lack of awareness of housing issues amongst mental health staff.

As the population ages the numbers at risk of dementia and depression is expected to rise. Dementia is one of the main causes of disability in later life, and the number of people living with dementia is expected to increase by 38% in the next 15 years and 154% over the next 45 years⁵. However, depression is the most common mental health problem in older people. The strategy states that some 25% of older people in the community have symptoms of depression that may require intervention. Older people with physical ill health, those living in residential care and socially isolated older people are at higher risk⁶. Yet these problems often go unnoticed and untreated depression in older people can increase the need for other services.

Research by the Northern Housing Consortium showed that mental well-being is as great a priority for older people as physical health. Older people often feel that they have to accept some degree of physical ill health but if we can provide neighbourhoods that nurture a positive outlook, then residents will be better able to cope and overcome health issues⁷.

The economic context

The strategy states that mental health problems cost the UK economy £105 billion a year, of which £30 billion is related to low productivity and work related sickness. Treatment costs are expected to double in the next 20 years.

The three northern regions have (alongside the West Midlands) the country's highest levels of incapacity claimants linked to mental illness. The following map taken from the 2010 Health Profile of England shows hot spots around the North.

² Rees S (2009) Mental Ill Health in the Adult Single Homeless Population: A Review of the Literature

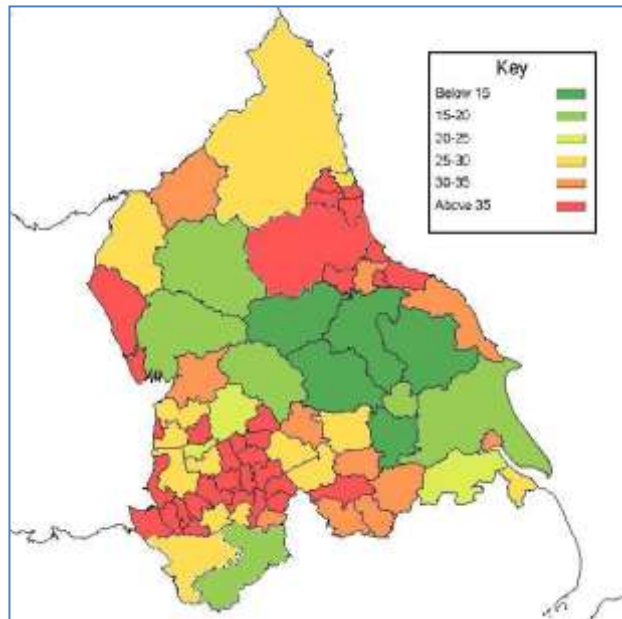
³ Cooper R, Boyko C and Codinhoto R (2008) DR2 – the effect of the physical environment on mental wellbeing

⁴ Johnson R, Griffiths C, Nottingham T (2006) At Home? Mental health issues arising in social housing

⁵ Living Well with Dementia: a National Dementia Strategy (2009)

⁶ Craig R and Mindell J (eds) (2007) Health Survey for England 2005: Health of older people

⁷ Northern Housing Consortium (2009) Age Friendly Communities in the North, People and Places 2020



A new approach

The mental health strategy fits with the governments localised approach to reforms of health, social care and other public services. In particular the strategy talks about:-

Community empowerment

Creating neighbourhoods and communities that are in control and that pull together to shape the world around them. The evidence shows that empowered and cohesive communities foster better mental health^{8 9}. Fostering and supporting social action, social inclusion and volunteering are also known to have a positive impact on mental well-being.

Housing organisations can draw upon a wealth of experience in their local communities.

What examples do you have of services that offer greater choice, control and social inclusion and the outcomes they have delivered?

The role of housing organisations is critical in supporting community activity to increase awareness of better mental health – including healthy eating campaigns, social enterprise, walking clubs, promoting health to children and young people. However, in the current climate

⁸ Brugger T, Weich S, Singleton N et al (2005) Primary Group Size , social support, gender and future mental health status in a prospective study of people living in private households throughout Great Britain

⁹ Melzer D, Fryer T and Jenkins R (2004) Social Inequalities and the Distribution of Common Mental Disorders

there are concerns about resourcing such activity and also how to demonstrate the positive impact of interventions – it is acknowledged that there is a considerable time lag between intervention and evidenced outcomes.

What health improvement campaigns are you undertaking?

How are you measuring their success?

Local Leadership

Local government will play a central role in working with its partners to deliver shared mental health objectives. As well as health and adult social care, partners will include housing, education, the police, employers and the third sector. The new statutory health and wellbeing boards will drive a collaborative approach to commissioning services which improve the health and well-being of local people. There will be a requirement to tackle health inequalities meaning that services must be designed to address the health needs of the most vulnerable.

Local authorities and GP consortia will, through the new boards, decide how best to use joint commissioning and pooled budgets to address cross cutting issues such as mental health. Concerns have been raised about the proposal to make GP's responsible for commissioning mental health services. A recent survey by Rethink showed that 42% of GPs felt they lacked knowledge of the specialist services needed for people with severe mental illness. Whilst these new arrangements present opportunities for further integration of housing with other local partners, it will be crucial for the members to ensure a voice on the new boards and for members to promote the health improvement initiatives and services that can support people with mental health problems.

Are you engaging with the creation of the health and wellbeing board in your locality?

Have you invited key influencers to your schemes and projects to see outcomes being delivered?

Joint Strategic Needs Assessment

At the heart of joint commissioning is the Joint Strategic Needs Assessment (JSNA). JSNA is essentially about people and the places where they live. It is a process which currently brings local authorities, Primary Care Trusts and local partners together to generate a shared view of local needs and service provision across the whole population, to identify where best to spend their resources and jointly design interventions that will lead to better health and wellbeing with particular attention to the most excluded. A JSNA includes a wide range of quantitative and qualitative data, including user views.

We are very pleased that the strategy makes specific reference to the need for wider outcomes such as housing to be included in the JSNA and we hope this is reflected in best practice guidance on a new generation of JSNA. The Northern Housing Consortium has long called for the inclusion of housing data and intelligence into the JSNA¹⁰ and in 2009 published a report¹¹ illustrating the approaches being taken by members in the North, the early learning points and recommendations.

Are you contributing to the JSNA in your area, and can you share your experiences of what works well?

What data, intelligence do you have that could contribute to a broader understanding of health and wellbeing needs?

Have you used the analysis in your local JSNA to inform your strategies and services?

Data such as housing needs, demand for specialist accommodation, analysis of the need for housing related support, stock condition, customer satisfaction, customer profiling and strategic housing market assessment will have a role to play in telling 'a story of place' and as such it is crucial that the analysis is joined up. Our new network InsightNET seeks to support members to develop effective customer profiling and deploy that intelligence to shape responsive and joined up services.

How robust is your customer profiling data?

Are you using it to initiate dialogues with healthcare commissioners to direct service development?

Front line staff across all sectors

The government is committed to ensuring that all front line staff are enabled to put innovative ideas into practice. Ensuring that front line staff are knowledgeable, motivated and supported is vital. Including mental health awareness training in all core front line professional training would help to ensure that mental health problems are identified early and managed appropriately. A Northern Housing Consortium report highlights a range of issues faced by housing sector staff that housing staff from recognition of the value of housing in a partnership, to clearer pathways to mental health services and improved access to housing. The need to

¹⁰ Northern Housing Consortium (2008) Joint Strategic Needs Assessment – briefing

¹¹ Northern Housing Consortium (2009) JSNA and Housing – a review of northern approaches

tackle stigma and an appetite for joint training sessions was also identified by members as key areas for development¹². A Northern Housing Consortium guide¹³ which was commissioned by the North East Mental Health Development Unit to enable more effective joint working locally across housing and mental health in the region but would be of interest to members working in any area.

Broadening the approach – the role of housing organisations

The strategy talks about broadening the approach to take into account the wider determinants such as peoples living environments and social circumstances, and specifically mentions the provision of face-to-face debt advice. The strategy highlights that the upfront cost of debt advice is more than offset by savings to the NHS, savings in legal aid and gains in terms of employment productivity even before taking into account savings for creditors. It is interesting that despite this, government funding for financial inclusion has been withdrawn. However financial inclusion is an area in which the housing sector has experience and a track record of success.

Other areas of activity include:-

- Supported housing including integrated mental health and accommodation services
- Support for older people with dementia e.g. assistive technology
- Homeless prevention, housing options
- Community activity programmes, social and support networks
- Customer insight
- Customer involvement and empowerment
- Support for community groups to take over and manage public spaces and community assets
- Designation and protection of green areas of specific of importance to local communities
- A well designed and functioning public realm
- Action to improve the energy efficiency, accessibility and adaptability of homes
- Needs and Asset Maximisation
- Strong and sustained local partnership working and influencing
- Building links with third sector organisations

Next Steps

- ✓ The Cabinet Sub-Committee on Public Health will oversee progress s on the strategy
- ✓ Between 2011 and 2012 while the NHS Commissioning Board and Public Health England are being established the Mental Health Strategy Ministerial Advisory Group will identify actions for implementing the strategy
- ✓ Government has also established a ministerial working group on Preventing and Tackling Homelessness

¹² Northern Housing Consortium (2008) Mental Health and Housing - initial findings from the north east

¹³ Northern Housing Consortium (2010) Working together better – a guide for the housing and mental health sectors

- ✓ A National Inclusion Health Board is being established to champion the needs of the most vulnerable
- ✓ Community budgets - from April 28 local authorities will free up money to spend on innovative types of family intervention services that address the needs of the whole family. The 16 pilots will test new approaches and disseminate evidence of what works.
- ✓ £400 million will be invested in the expansion of psychological therapies
- ✓ Payment by Results for adult and children's mental health services will be developed
- ✓ Existing means tested benefits will be replaced by the Universal Credit supported by a new integrated Work Programme

Summary

There is much in the Mental Health Strategy that is in line with NHC recommendations in the past and we welcome the proposals. Tackling the root causes of mental ill health requires action across government and across sectors. It requires us to work together with all local partners, to focus on outcomes and to put people at the heart of what we do.

The pace of change for the health and social care sector is considerable and we need to take every opportunity to influence the new developments at a local level.

We are keen to support members through this transitional period and keen to promote the work of the housing sector in realising this important strategy. We would welcome examples of good practice and comments from members.

To contribute examples, or for further information, please [email](#) Sarah Taylor, Policy and Practice Development Manager or telephone 0191 5661029.

To access other NHC briefings on health and social care please visit our [website](#).

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