Parity of Esteem: Public health perspective

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Equity: Public Health Perspective

Equity is the fair’distribution of benefits across the population.

• Equal access to care for patients with equal need.
• Equal use of health care for equal need.
• Equal expenditure/resources of care for equal need.
• Equal costs (to the payer) for equal need.

Ref: Adapted from Source: Stevens A, Raftery J, Mant J. An introduction to HCNA.
Equity: Mental Health

CMO Report on Mental Health
Section 5: Parity Of Esteem - Mind the gaps
G Thornicroft and M Docherty

75% treatment gap

Reductions in investment

Poor availability of data

Significant and inappropriate variations in delivery of mental health services

Current outcomes frameworks are poorly coordinated and fail to provide strong incentives to make treatment available to everyone needing mental healthcare

YLD % of all NCD
Equality in health outcomes

Premature Mortality and Serious Mental Illness

People with SMIs represent 5% of total population...

But 18% of total deaths

44,000 fewer deaths would occur if people with SMIs had the same mortality rates as the general population.

Almost half of the excess mortality is due to the 'Big Killer Diseases':

- 12,000 from Cardiovascular Diseases
- 1,000 from Cancer
- 6,000 from Respiratory Diseases
- 1,000 from Liver Diseases

1. People with SMIs are defined as people in touch with secondary mental health services (for example with a psychiatrist).
2. Source: Mental Health Bulletin (Health and Social Care Information Centre, 2013) publication based on the Mental Health Minimum Dataset (2011/2012)

People with SMIs face a 3.6 times higher mortality rate than the general population and even higher in some parts of the country.
Top 20 causes of disability in Europe 2011 (all age YLD per 100,000 population)

- Unipolar depressive disorders
- Back and neck pain
- Falls
- Anxiety disorders
- Diabetes mellitus
- Chronic obstructive pulmonary disease
- Osteoarthritis
- Alzheimer's disease and other dementias
- Migraine
- Alcohol use disorders
- Other hearing loss
- Road injury
- Ischaemic heart disease
- Iron-deficiency anaemia
- Asthma
- Schizophrenia
- Pervasive developmental disorders
- Skin diseases
- Bipolar disorder
- Drug use disorders

In 2002, WHO had predicted depression will be the second cause of disability by 2020, but in 2011 it is already the leading cause of disability.

Source of data: WHO Global burden of disease
YLD by age for mental health and behavioural disorders (Europe 2011, % of all YLD)

Females
- Other mental and behavioural disorders
- Idiopathic intellectual disability
- Childhood behavioural disorders
- Pervasive developmental disorders
- Eating disorders
- Anxiety disorders
- Drug use disorders
- Alcohol use disorders
- Schizophrenia
- Bipolar disorder
- Unipolar depressive disorders

Male
- Other mental and behavioural disorders
- Idiopathic intellectual disability
- Childhood behavioural disorders
- Pervasive developmental disorders
- Eating disorders
- Anxiety disorders
- Drug use disorders
- Alcohol use disorders
- Schizophrenia
- Bipolar disorder
- Unipolar depressive disorders
Comorbidities: Our current understanding

Comorbidity is expected to;
- grow in prevalence in England (1.9 to 2.9 million 2008-2018)
- grow in cost (currently £8-13billion/year in England)

Because of;
- an ageing population
- historically deteriorating health behaviours
- increasing health inequalities and reduced access to health resources
Are there two types of people with comorbidities?

Younger, socially deprived population with high risk exposure and/or congenital or early life disease: an important opportunity for prevention

Older population with comorbidities due to accumulated risk: important to improve quality of life and maintain functioning through integrated health and social care systems
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'Source: Framework of Action on Comorbidities'
Are there killer combinations?

**Mental + physical illness**

- The coexistence of mental and physical illness increases mortality and death occurs sooner

- The mentally ill population die of the five big killers and their risk factors mostly

- Socially deprived groups are more likely to have mental illness as a comorbidity

- We’ve made least progress in improving outcomes for people with mental illness
Respect: Discrimination and stigma are the key cause of inequity and inequalities (some data from CMO report)

87% of mental health service users experienced discrimination in at least one aspect of life in the

About 70% of mental health service users feel the need to conceal their illness

58% of respondents reported being shunned, decreasing in 2011 to 50% of respondents

50% of articles in sample of local and national newspapers mental illness are stigmatising

25% reported problems with personal safety including verbal or physical abuse.

19% of mental health experiencing discrimination in seeking work; 17% had experienced discrimination while in employment; and 46% reported not looking for work due to the anticipation of discrimination.

Legal analysis of cases brought to employment tribunals under the Equality Act 2010 failure to make ‘reasonable adjustment’ is the most common type of mental health discrimination claim; mental health discrimination shows that 58% were based on an error in the application of the law/procedure;

NO reduction in reported discrimination from either health professionals (30% in 2008 and 29% in 2011) or mental health professionals (34% in 2008 and 30% in 2011).
Evidence NICE Guidelines and Quality Standards

Children and Young people :

1. Antenatal and postnatal mental health. Clinical management and service guidance, February 2007 NICE clinical guideline 45


3. Autism diagnosis in children and young people Recognition, referral and diagnosis of children and young people on the autism spectrum. September 2011 NICE clinical guideline 128

4. Depression in children and young people Identification and management in primary, community and secondary September 2005 NICE clinical guideline 28

5. Social and emotional wellbeing: early years October 2012 NICE public health guidance 40


Ref: http://www.nice.org.uk/
Areas of effective evidence NICE:


10. Anxiety disorders February 2014 NICE quality standard 53

11. Depression in adults The treatment and management of depression in Adults. October 2009 NICE clinical guideline 90

12. Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services December 2011 NICE clinical guideline 136

13. Promoting mental wellbeing at work. November 2009 NICE public health guidance 22

14. Mental wellbeing of older people in care homes Issued: December 2013 NICE quality standard 50

Ref: http://www.nice.org.uk/
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<tr>
<th>Title</th>
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<tr>
<td>1. Alcohol (LGB6)</td>
<td>October 2012</td>
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<td>2. Behaviour change (LGB7)</td>
<td>January 2013</td>
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<td>3. Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups (LGB13)</td>
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<td>4. Community engagement to improve health (LGB16)</td>
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<td>5. Contraceptive services (LGB17)</td>
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<td>6. Domestic violence and abuse: how services can respond effectively (LGB20)</td>
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<td>7. Encouraging people to have NHS Health Checks and supporting them to reduce risk factors (LGB15)</td>
<td>February 2014</td>
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<td>8. Health inequalities and population health (LGB4)</td>
<td>October 2012</td>
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<td>9. Health visiting (LGB22)</td>
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<td>10. HIV testing (LGB21)</td>
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<td>11. Improving access to health and social care services for people who do not routinely use them (LGB14)</td>
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<td>12. Judging whether public health interventions offer value for money (LGB10)</td>
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<td>13. Looked-after children and young people (LGB19)</td>
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<td>14. NICE guidance and public health outcomes (LGB5)</td>
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<td>15. Social and emotional wellbeing for children and young people (LGB12)</td>
<td>September 2013</td>
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<td>16. Tackling drug use (LGB18)</td>
<td>May 2014</td>
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<td>17. Tuberculosis in vulnerable groups (LGB11)</td>
<td>September 2013</td>
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<td>18. Using evidence in practice (LGB23)</td>
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<td>19. Walking and cycling (LGB8)</td>
<td>January 2013</td>
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<td>20. Workplace health (LGB2)</td>
<td>July 2012</td>
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Low intensity psychological interventions for Generalised Anxiety Disorder, offer one or more of the following as a first-line intervention, guided by the person’s preference: individual non-facilitated self-help; individual guided self-help; psychoeducational groups. (NICE CG113 – Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: management in primary, secondary and community care).

Mindfulness-based cognitive therapy (MBCT) was developed with a specific focus on preventing relapse/recurrence of depression (Segal et al. 2002). With 8 to 15 patients per group, MBCT has the potential to help a large number of people. (NICE CG90 – Depression in Adults: Full Guidance)

Commissioners and providers of services to children in primary education should develop and agree arrangements to ensure all primary schools adopt a comprehensive, ‘whole school’ approach to children’s social and emotional wellbeing (NICE PH12 Social and Emotional Wellbeing in Primary Education)


Kessler et al. Associations of housing mobility interventions for children in high-poverty neighborhoods with subsequent mental disorders during adolescence. JAMA 2014
Public health audits

• Do we know what is commissioned and how does that meet NICE guidelines?

• Do we know the quality of services provided?

• If we did do PH audits we would have picked up the inequalities faced by people with mental illness, service provision would not have been so poor?

• Health outcomes would not have been so poor
Direction of travel: What should you expect from your PH teams

- Improve integration and quality of health and care services to improve early diagnosis, timely and appropriate treatment of mental illness.
- Improve physical health conditions of people with mental illness, including support to live healthier and fulfilling lives.
- Assess the risk, prevent and diagnose and treat mental illness among people with long-term conditions and all carers.

Mental Health Improvement

- Promote population mental health and wellbeing and prevent mental illness by tackling the psychosocial, economic and wider determinants using a life course approach.
- Create stronger and resilient communities by enabling participation and social cohesion through the organised efforts of the civic society.

Healthcare Public Health

- Improve mental health and wellbeing of people with infections such as HIV, Hep C and Hep B, TB.
- Reduce infectious diseases among people with mental illness by increasing awareness and uptake of immunisation.
- Minimise mental health harm arising from outbreaks, epidemics and pandemics, natural and man-made emergencies and conflicts.

Health Protection
Suggestions of Joint Working

Joint Strategic Needs Assessment

Should be underpinned by good quality mental health needs assessment, which includes and audits, gaps and evidence based solutions –NICE guidance, MHIN data benchmarking, health outcomes

Should include service users and communities – NICE guidance

Health and Wellbeing Strategy

Should be accompanied by an action plan including monitoring

Commissioning Strategies and plans

Has a equity and equality impact assessment been done- is this likely to widen inequalities for people with mental illness, likely to increase/decrease life time risk of mental illness in the population?
Concluding thoughts

Social justice, tolerance, respect and fairness; trade and commercial activities; media, conflict

Access to affordable housing, public services, training, employment, opportunities to be involved in democratic process, neighbourhood decision making, respect and dignity, sense of belonging, community support and participation

Family relationships and social networks and ties, Cultural, religious social and workplace values, behavioural norms in network

Individual attributes and competencies on self-esteem, self efficacy, mastery and sense of coherence
Thank you

Any suggestions and queries
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