



Mental Health & Wellbeing

The role of Public Health



Stockton-on-Tees
BOROUGH COUNCIL

Health and Wellbeing

Big plans for the health of our people

“Mental wellbeing is a valuable resource for individuals, families and communities...associated with better physical health, positive interpersonal relationships and socially healthier societies’

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Children's Mental Wellbeing Data

Indicator	Period	Stockton			Region		England			Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
Percentage who think they're the right size	2014/15	–	-	48.8%	51.9%	52.4%	46.5%		57.1%	
Percentage reporting low life satisfaction	2014/15	–	-	15.4%	13.1%	13.7%	19.1%		9.5%	
Percentage who were bullied in the past couple of months	2014/15	–	-	57.1%	55.4%	55.0%	63.1%		42.6%	
Percentage who had bullied others in the past couple of months	2014/15	–	-	11.3%	9.4%	10.1%	14.1%		5.5%	

Children's Mental Health – Ages Specified

Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	2015	–	2,730	9.7%*	10.0%*	9.2%*	7.0%		11.0%
Estimated prevalence of emotional disorders: % population aged 5-16	2015	–	1,058	3.8%*	3.9%*	3.6%*	2.8%		4.2%
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2015/16	–	203	577.6	442.9	430.5	102.5		1,444.7
Hospital admissions as a result of self-harm: Crude rates per 100,000 (15-19 yrs)	2015/16	➔	79	689.1	654.8*	648.8	157.3		1,899.9
Hospital admissions as a result of self-harm: Crude rates per 100,000 (20-24 yrs)	2015/16	➔	96	771.1	418.1*	410.3	53.2		1,582.3

Children's Mental Wellbeing Data

Children's Primary Prevention Adversity– Ages Specified







Indicator	Period	Stockton			Region		England		England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range			
Children under 20 in poverty: % of all dependent children aged under 20 ■	2014	➔	9,830	22.9%	24.3%	19.9%	6.8%		41.9%		
Uptake of free school meals: % of all schoolchildren ■	2016	–	5,557	18.2%	18.4%	14.3%	4.8%		36.5%		
Repeat child protection cases: % of all children subject to a child protection plan ■	2016	–	63	20.4%	14.2%	17.9%	4.0%		30.5%		
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18 ■	2016	–	940	219.9	167.8	98.0	10.7		306.0		

Children's Primary Prevention Vulnerability – Ages Specified









Looked after children: rate per 10,000 population aged under 18 ■	2015/16	–	375	87.7	83.9	60.3	21.5		163.8
Children leaving care: rate per 10,000 children aged under 18 ■	2015/16	–	140	32.8	38.1	27.2	9.4		75.0
15 year olds with 3 or more risky behaviours: % of 15 year olds ■	2014/15	–	-	18.0%	20.5%	15.9%	3.2%		23.8%
Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18 ■	2016	–	45	10.5	10.9	6.5	0.6		31.5

Children's Mental Wellbeing Data

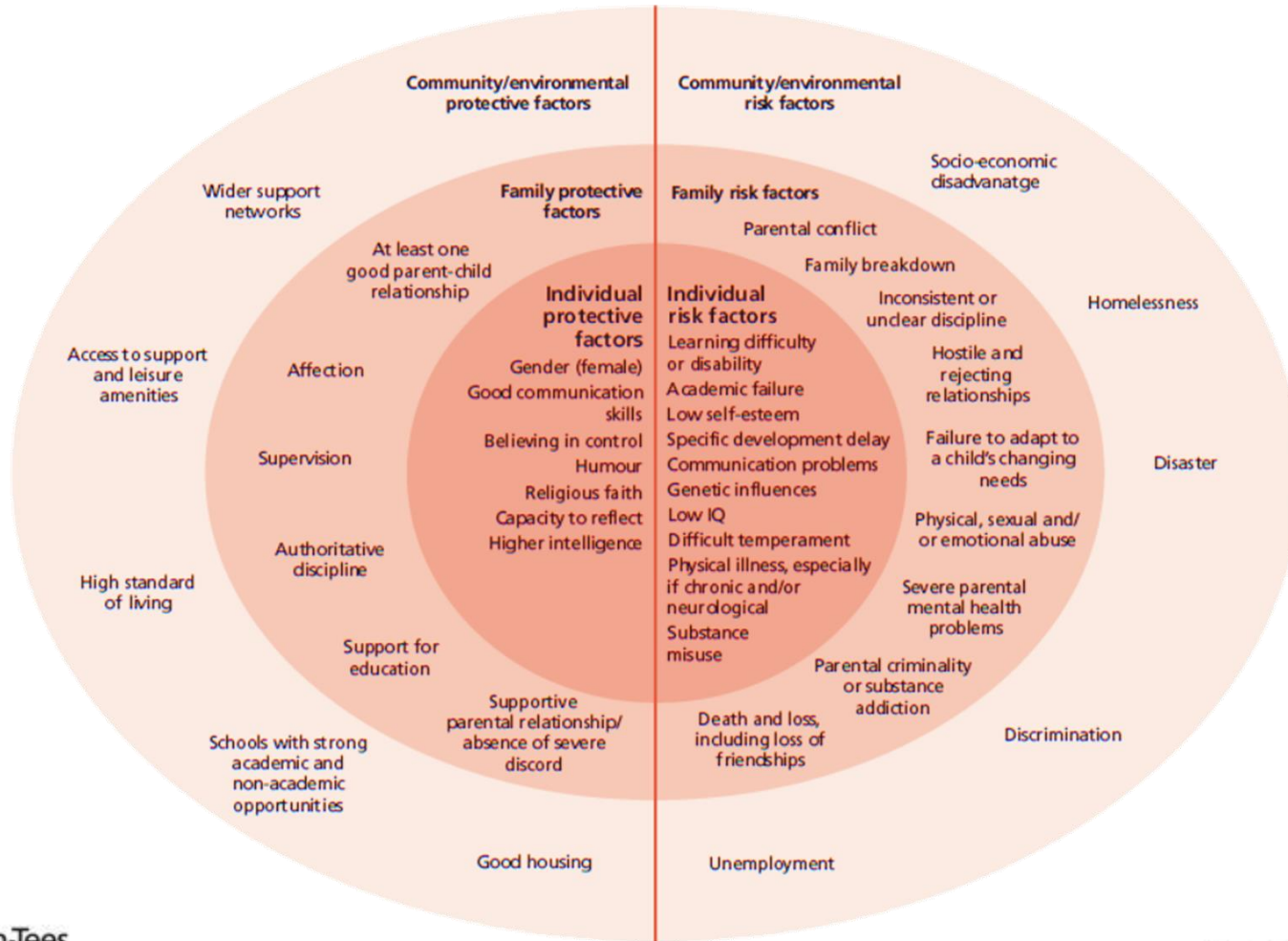
Children's Primary Prevention Vulnerability – Ages Specified

Indicator	Period	Stockton			Region England		England			Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
15 year olds with a long-term illness, disability or medical condition diagnosed by a doctor: % of 15 year olds 	2014/15	-	-	15.6%	15.1%	14.1%	9.2%		18.6%	
Children in need due to child disability or illness: rate per 10,000 children aged under 18 years 	2016	-	148	34.6	41.4	32.3	2.0		89.3	
Pupils with Learning Disability: % of school aged pupils 	2016	-	1,899	6.3%	5.7%	5.3%	2.6%		12.7%	

Mental Illness all ages

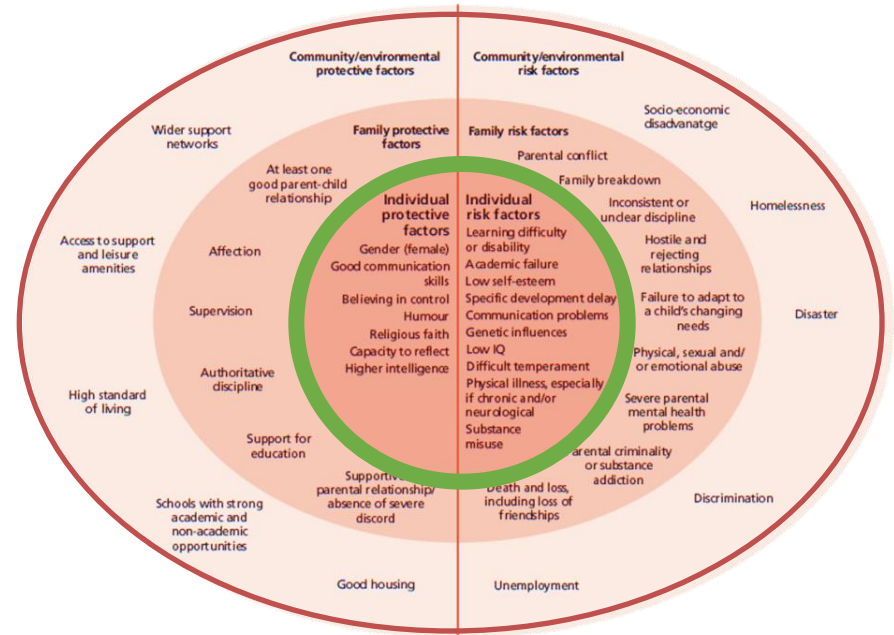
Admissions for depression: directly standardised rate per 100,000 population aged 15+ 	2009/10 - 11/12	-	-	22.8	19.0	32.1	4.7		84.8
Emergency admissions for neuroses: indirectly age and sex standardised rate per 100,000 population 	2012/13	-	-	28.6	-	21.7	3.6		62.3
Self-reported well-being: % of people with a low happiness score 	2015/16	-	-	10.0%	10.2%	8.8%	4.9%		13.9%
Self-reported well-being: % of people with a high anxiety score 	2015/16	-	-	20.9%	21.4%	19.4%	11.9%		30.6%

Mental Wellbeing – The Complexity



Individual vs Population

- Both approaches offer opportunities to improve wellbeing
- An individual approach focuses on the risk factors of the individual
- Population approaches considers the societal determinants of an individuals health

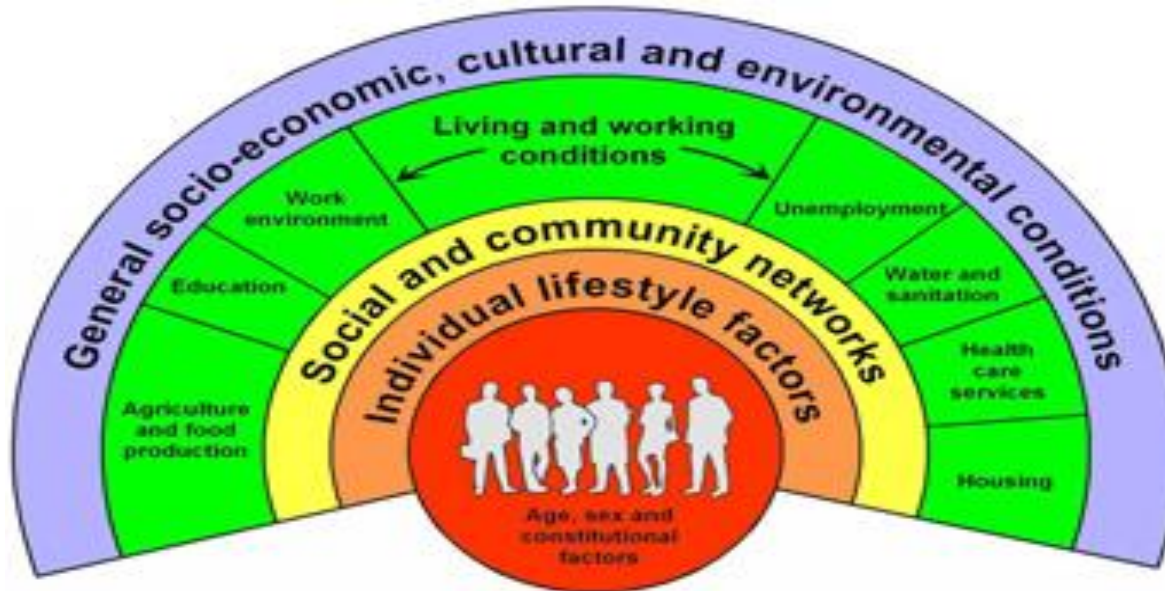


The Public Health Approach

- Public health is about improving the health of the population through preventing illness, promoting health and wellbeing and prolonging life
- Provides intelligence about the level of need/disorder/risk/protective factors
- Focus on prevention and promotion



Opportunities to promote wellbeing



Primary Prevention

Secondary Prevention

Tertiary Prevention

Primary Promotion

Secondary Promotion

Tertiary Promotion

Public Mental Health: Collaboration is at the Heart

- In recognition of the social, cultural, physiological and environmental factors partnership, collaboration and influencing is fundamental to the Public Health approach
- Providing Public Health leaderships through collaboration occurs with a range of partners

Partners:

- Public Health Services
- Primary and Secondary Care Services
- CCGs
- VCSE
- Social Care
- Education
- Employers
- Communities
- Local Authority Services/departments



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Current Approaches to Mental Health

- Public Health are mandated to offer contacts for children aged 0-5 as per the healthy child programme. Locally we commission the full 0-19 offer of the HCP (up to the age of 25 for those with additional needs) to support key transition points . High impact areas across as identified by PHE include:
 - Emotional wellbeing and development
 - Maternal mental health
 - Resilience and emotional wellbeing
- Public Health advice to Clinical Commissioning Groups, to give NHS commissioning a population focus. Above this we provide advice to other partners:
 - Future in Mind Steering Group
 - Integrated Strategic Mental Health Steering Group

Current Approaches to Mental Health

- Mental Health Training hub
- Additional investment to Future in Mind
- Bereavement Services
- Joint funding of the Tees Suicide Prevention Coordinator
- Support the risk taking behaviour tool kit
- Funding the development of an anti-stigma campaign

We can always do more...

Areas for development: Anti-stigma and discrimination

- Local needs assessment have identified stigma and discrimination as a key challenge for people in the Borough and is a priority locally for mental health improvement.
- Those affected by mental health problems often fear seeking help or support due to the fear of others attitudes towards their mental health. The fear of the actions of others can be just as damaging if not more than the problem itself

1 in 10 young people will experience a mental health problem and, sadly, 90% of those young people will experience stigma and discrimination. Stigma stops young people seeking help; it stops them living normal lives, and sometimes it makes them give up on their hopes and dreams.
(Time to change)

Key Challenges for Public Mental Health

Often collaboration is a challenge:

- Some barriers exist as Mental Health is often seen as a disease and thus the responsibility for health and traditional health services to treat
- Young people are often not seen within the context of a family or community – opportunities for prevention and promotion can be missed
- Mental Health and Wellbeing is everyone's responsibility – we could all do more