Briefing Note – Public Mental Health

Produced for:	*Health Scrutiny Committee*
Requested by:	Health Scrutiny Committee
Portfolio Member:	Councillor Patrick Clark
Service Director:	April Peberdy
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Briefing Author:	Rachel Johnson

1 Purpose of the Briefing

1.1 To help members of the Health Scrutiny understand Public Health's role in Mental Health and Wellbeing.

1.2 To highlight the range of initiatives that have been funded through the public health grant.

1.3 To highlight strategic mental health work undertaken through the Health and Wellbeing Board.

1.4 To highlight strategic mental health work and how it helps the Council to delivery on Council Strategy priorities.

2 Background

2.1 Mental health is an important area of public health. It is well cited that approximately 1 in 4 British Adults experience a diagnosable mental health problem each year. It is estimated that 50% of lifetime mental ill health starts by age 14, and 75% of lifetime mental ill health is established by the age of 24.

2.2 Data from the Adult Psychiatric Morbidity Survey data shows that in 2017, it was estimated that **16,702 (13.2%)** people aged 16+ in West Berkshire had a common mental health problem[1]. This was lower than the national rate of 16.9%. Figure 1 below shows how West Berkshire compares to its nearest statistical neighbours.

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[1] https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1

Figure 1: Estimated prevalence of common mental disorders: % of population aged 16 & over (2017)

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	–	-	7,609,582	16.9*		16.2	18.0
Neighbours average	–	-	-	-		-	-
Darlington	–	10	15,026	17.4*		16.6	18.6
Calderdale	–	15	29,214	17.4*		16.6	18.6
Nottinghamshire	–	11	108,740	16.2*		15.5	17.3
Warrington	–	14	26,971	15.9*		15.1	17.0
Cheshire West and Chester	–	5	42,383	15.3*		14.5	16.4
Shropshire	–	8	40,294	15.2*		14.4	16.4
Worcestershire	–	6	72,761	15.0*		14.3	16.1
Warwickshire	–	7	68,318	14.8*		14.1	15.9
Gloucestershire	–	3	75,012	14.6*		13.8	15.7
Cheshire East	–	2	43,662	14.0*		13.3	15.2
Wiltshire	–	4	54,831	13.6*		12.9	14.8
South Gloucestershire	–	13	30,819	13.6*		12.7	14.9
Buckinghamshire UA	–	9	56,920	13.4*		12.5	14.6
Central Bedfordshire	–	1	29,775	13.2*		12.4	14.5
West Berkshire	–	-	16,702	13.2*		12.3	14.5
Windsor and Maidenhead	–	12	15,269	12.7*		11.9	14.1

2.3   In 2017, it was estimated that **2,433 (10.2%)** of people aged 65+ had a common mental health disorder[2]. These data are due to be updated in 2025[3]. Some people experiencing a mental health problem may be undiagnosed or do not seek treatment. The implication of this is that the number of people experiencing depression could be considerably higher.

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[2] https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1
[3] https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey

Figure 2: Estimated prevalence of common mental disorders: % of population aged 65 & over (2017)

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	−	-	1,027,792	10.2*		9.1	11.9
Neighbours average	−	-	-	-		-	-
Calderdale	−	15	4,108	10.7*		9.5	12.4
Darlington	−	10	2,280	10.7*		9.5	12.5
Nottinghamshire	−	11	16,993	10.2*		9.1	11.8
Shropshire	−	8	7,495	9.9*		8.6	11.5
Warrington	−	14	3,674	9.6*		8.5	11.1
Worcestershire	−	6	12,302	9.4*		8.4	11.0
Cheshire West and Chester	−	5	6,702	9.4*		8.3	10.9
Warwickshire	−	7	10,760	9.2*		8.2	10.8
Gloucestershire	−	3	11,978	9.1*		8.0	10.7
Wiltshire	−	4	9,144	8.8*		7.7	10.4
Cheshire East	−	2	7,443	8.7*		7.6	10.4
South Gloucestershire	−	13	4,482	8.6*		7.5	10.2
West Berkshire	−	-	2,433	8.3*		7.1	10.0
Central Bedfordshire	−	1	4,078	8.2*		7.1	10.0
Buckinghamshire UA	−	9	8,104	8.2*		6.9	10.0
Windsor and Maidenhead	−	12	2,206	8.0*		6.7	9.8

2.4   In 2022/23, **17,231** (**13.9%**) of adults aged 18+ registered to a GP in West Berkshire are recorded to have depression[4]. This represents 13.9% of all adult patients. Some people with depression may be undiagnosed as they may feel uncomfortable sharing their symptoms with a medical professional or people they know. This means it can be difficult to know the actual prevalence of depression. Therefore, increases in recorded diagnosis of depression can be a positive if more people are receiving treatment for depression. Figure 3 compares the prevalence of depression in West Berkshire to other statistically similar local authorities.

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[4] https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1

Figure 3: Depression: QOF prevalence (18+ years) 2022/23

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	⬆	-	6,618,681	13.2		13.2	13.3
Neighbours average	⬆	-	717,538	13.8*		13.8	13.8
Calderdale	⬆	15	30,060	17.0		16.8	17.2
Darlington	⬆	10	14,370	15.9		15.7	16.2
Worcestershire	⬆	6	79,768	15.7		15.6	15.8
Warwickshire	⬆	7	77,866	15.3		15.2	15.4
Shropshire	⬆	8	40,652	15.1		15.0	15.3
Cheshire East	⬆	2	52,027	15.1		15.0	15.2
Cheshire West and Chester	⬆	5	44,428	14.5		14.3	14.6
Warrington	⬆	14	26,120	14.4		14.3	14.6
West Berkshire	⬆	-	17,231	13.9		13.7	14.1
South Gloucestershire	⬆	13	31,159	13.9		13.7	14.0
Buckinghamshire UA	⬆	9	57,987	12.7		12.6	12.8
Nottinghamshire	⬆	11	85,748	12.7		12.6	12.7
Gloucestershire	⬆	3	68,050	12.4		12.3	12.5
Central Bedfordshire	⬆	1	27,753	11.8		11.7	12.0
Wiltshire	⬆	4	48,318	11.8		11.7	11.9
Windsor and Maidenhead	⬆	12	16,001	11.4		11.3	11.6

2.5 In 2022/23, **8.8%** people (16+) in West Berkshire reported a low happiness score compared to 8.9% for England. **3.7%** of people in West Berkshire reported a low life satisfaction score compared to **5.6%** for England. Scores for high self-reported anxiety higher than the other wellbeing measures, with **24.4%** of residents reporting to feelings of anxiety compared to 23.3% for England[5].

2.6 There were **33 deaths** from **suicide** in West Berkshire during 2020-2022. This is the equivalent of a suicide rate of **7.9** per 100,000 people. This is lower than the rate for England (10.3 per 100,000)[6]. Every death from suicide is devastating and the public health team are working closely with colleagues across Berkshire to implement the Berkshire Suicide Prevention Strategy to prevent deaths from suicide.

2.7 Severe mental illness (SMI) is when mental health issues substantially interfere with everyday living (e.g. Schizophrenia or bipolar disorder). People with SMI face large health inequalities. The life expectancy is 15 to 20 years lower than the general population. In West Berkshire, the under 75 excess mortality rate in adults with serious mental illness is 518.3% (2018-20) compared to 390.9% for England[7]. This means that people with SMI have a higher risk of premature death than adults without an SMI. This can be attributed to the co-occurrence of other long-term conditions.

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[5] https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/1/gid/8000026/pat/15/par/E92000001/ati/502/are/E06000037/yrr/1/cid/4/tbm/1
[6] https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/1/gid/8000039/pat/15/par/E92000001/ati/502/are/E06000037/yrr/1/cid/4/tbm/1
[7] https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/1/gid/8000039/pat/15/par/E92000001/ati/502/are/E06000037/yrr/1/cid/4/tbm/1

What is mental health?

2.8   We all have mental health, just as we have physical health. Mental health is about feeling good and our minds functioning well. It is not just about the absence of having a mental health problem but the ability to lead a fulfilling life and being able to participate in society. Mental health can shift from good to not so good to poor. Poor mental health can lead to a mental illness. People with mental health issues often experience barriers to participating in society, having to face stigma and discrimination.

What is public mental health?

2.9   Public mental health is the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals. Public health recognises the many factors that can affect mental health; genetic, biological, environmental, trauma and stressful life events. The focus in public health is on preventing as many mental health problems as possible and helping people to take steps to improve and maintain mental wellbeing in order to stay mentally healthy (e.g. through eating well, getting enough sleep and following the five ways to wellbeing) and cope with life's up and downs.

Table 1: Risk and protective for mental health

Risk factors associated with poor mental health	Protective factors associated with good mental health
• Poor Housing	• Good quality antenatal and postnatal care
• Poor Education	• Early years support
• Poor parenting	• Family and parenting support
• Poverty	• Good quality and affordable housing
• Unemployment	• Good quality education
• Stressful work	• Good quality work
• Poor working conditions	• A healthy standard of living
• Debt	• Accessible, safe green outdoor space
• Drug and alcohol misuse	• Community assets (e.g. theatres, museum, leisure centres)
• Death of someone close	• Community cohesion
• Homelessness	
• Loneliness	
• Violence	
• Discrimination	
• Poor physical health	

2.10 Table 1 highlights known risk and protective factors for mental health. However, mental health is complex. We know we can't prevent every mental illness. We also know that being exposed to a risk factor does not necessarily mean that someone will develop a

mental health problem and many people with no known risk factor will develop a mental health condition[8].

2.11 According to the Office for Health and Improvement and Disparities (OHID), there is evidence that protective and risk factors for mental health are unequally distributed across the country, in our communities and for those with existing mental health conditions. This can lead to health inequalities.

2.12 The public mental health approach focuses on three levels of prevention:

- o **Primary prevention:** stopping mental health problems before they start
- o **Secondary prevention:** supporting people at a higher risk of mental health problems
- o **Tertiary prevention:** helping people living with mental health problems to stay well

2.13 Over the past ten years, the public health team has focused on the three levels of prevention through the following current (highlighted in bold) and past public mental health initiatives:

- o **Primary prevention initiatives:**
    - Mental health training (e.g. Mental Health First Aid Courses, Applied Suicide Intervention Skills Training)
    - Supporting workplace health initiatives (e.g. Mindfulness Courses and Headspace mindfulness app subscriptions)
    - **Creating and funding resources** (e.g. mental health z cards, roll up banners, Mind information booklets, five ways to wellbeing materials)
    - **Physical activity initiatives** (e.g. Wellbeing Walks, Run Together, Nature for Health)
    - Creation of **Wellbeing Bags** in partnership with Newbury Library
    - **Promoting national mental health campaigns** (e.g. NHS Every Mind Matters, Mental Health Awareness Week and World Mental Health day through social media, articles in Newbury Weekly News).
    - **Supporting library service initiatives** (e.g. Reading Well resources, Ageing creatively project, at home volunteer, reminiscence library collection, book groups)
    - Supporting art and health initiatives (e.g. Poetry in Mind and Hungerford Poetry Festival, Corn Exchange project (e.g. Links to Thrive)
    - Support community learning provision (e.g. Recovery in Mind and Graft)
- o **Secondary prevention initiatives:**
    - Social isolation reduction projects (e.g. **Befriending Schemes,** Village Agents and Community Navigators)
    - **Partnership working** and strategic work around autism, unpaid carers and people with learning disabilities

- o **Tertiary prevention:**

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[8] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

- Funding Sport in Mind to run tennis and yoga sessions for people with mental health conditions
- Funding a counsellor to attend Moving Forward sessions at the leisure centre (part of the activity for health offer)
- Funding peer support programmes for people with mental health problems (e.g. Friends in Need (run by Depression Alliance) and Pulling Together (run by Newbury Community Resource Centre)
- **Funding counselling support to young people with mental health challenges** (e.g. Time to Talk)
- Helping a supported volunteering project for people mental health problems (VCme, facilitated by the volunteer centre)

2.14 In December 2023, the public health team undertook a financial challenge review exercise which aimed to provide assurance to the public health board that interventions that are funded through the public health grant are evidence based and achieve good outcomes. The oversight of the public health grant continues to be monitored through the public health board.

Public mental health initiatives across the council

2.15 According to the charity Mental Health Foundation, the following societal changes will make the biggest difference to everyone's mental health:

- helping parents nurture their children
- protecting children from trauma
- educating young people to understand and manage their emotions
- supporting people under a lot of stress at work
- reducing loneliness for older people
- building connections in our communities
- caring for people with suicidal thoughts
- helping people to recover and look after themselves

2.16 Many departments across the council are contributing to these areas, some with involvement from public health. Some examples of wider public mental health initiatives across the council include, but not limited to:

- Support for people experiencing domestic abuse
- Support for people with substance abuse problems
- Provision sport and leisure facilities
- Support for families through the family hubs
- Mental health support teams in schools
- Provision of cultural leisure facilities (e.g. West Berkshire Libraries, West Berkshire Museum and Shaw House)
- Outreach support for people experiencing homelessness
- Funding for Citizens Advice Bureau
- Support through the voluntary sector prospectus

2.17 These examples also support the delivery of priority area 5 of the Council Strategy: Thriving Communities with a Strong Local Voice, and more specifically, outcome 5:3: improved health and wellbeing of our residents, including those with long-term conditions.

2.18 The World Health Organisation (2014) define Health in All Polices (HiAP) as "an approach to public polices across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and equity". This HiAP approach is beginning to be implemented across the council, with some projects having a direct impact on health and wellbeing.

3   Current Status

The Health and Wellbeing Strategy 2021-2030

3.1   Mental health is a priority within the current Joint Health and Wellbeing Strategy and the public health team is part of a multi-agency group that are working on the following actions through the children's delivery group and the Mental Health Action Group, subgroups of the Health and Wellbeing Board:

- o Priority 4 - Promote good mental health and wellbeing for all children and young people
    - 4.1: Enable our young people to thrive by helping them to build their resilience
    - 4.2: Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition
    - 4.3: Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health
    - 4.4: Support a Whole School Approach to mental health, embedding wellbeing a s apriority across the school environment
    - 4.5: Support the mental health and wellbeing of looked after children and care leavers
    - 4.6: Expand our trauma informed approach among formal and informal service providers
    - 4.7: Improve the process for transition to adult mental health services

- o Priority 5 - Promote good mental health and wellbeing for all adults
    - 5.1: Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness
    - 5.2: Work with local communities, voluntary sectors and diverse groups to rebuild mental resilience and tackle stigma
    - 5.3: Recognise the importance of social connection, green spaces and different cultural contexts for mental wellbeing. Increase social prescribing by promoting access and signpost to activities that promote wellbeing
    - 5.4: Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them.

3.2   Some activities that have been undertaken to address actions under priority 5 have included:

- Carrying out a [financial problems and mental health](#) project which previously went to the Health and Wellbeing Board in 2023. It highlighted the interplay between people being in debt and having poor mental health. As a result of this work, a set of recommendations are being addressed. One example is a leaflet that had been developed for schools on where to find information on financial literacy to help equip their students. This was launched during Talk Money Week in November 2023.
- Obtaining feedback from MHAG on proposed strategy delivery plan outcome indicators relating to adult mental health. This has helped with the development of a 'state of the nation' report highlighting key data around mental health.
- Participating in the Health and Wellbeing Strategy Delivery Plan Task and Finish Group.
- Supporting the Volunteer Centre with a series of workshops exploring people's experiences of mental health services. A [report](#) has been written by the volunteer centre that highlights the issues residents are facing in terms of understanding mental health pathways.
- Collating poems received as part of the [Poetry in Mind](#) campaign led by Public Health. This gave our residents to express and process difficult emotions through poetry and improve their mental health.
- Commencement of a digital inclusion champions project
- Commencement of a supporting people through transitions project. This work has led the mental health action group to identify when residents might experience poor mental health and consider what actions need to be taken to address this. The first transition that is being explored is bereavement.
- The NHS have led on improvement work to increase the number of residents with Serious Mental Illness having an annual health check

3.3 Public health also takes on a broader role in terms of reviewing public mental health data from Office for Health Improvement and Disparities (OHID) and networking with public mental health leads across the South East to learn about good practice from other local authority areas.

4 Implications and Impact

4.1 There are many determinants of mental health and wellbeing; where we are born, live, learn, social ties and work impacts on our mental health and wellbeing. Promotion of good mental wellbeing needs to be a **whole system wide approach** – taking a life course approach and working in partnership with a range of organisations to address; housing, education, sports and leisure and service provision in order to prevent mental ill health or help spot the signs so that residents can get help for emerging mental health challenges.

4.2 OHID suggest that investing in promoting mental wellbeing, preventing mental health and suicides can help to reduce the demand for services and lead to cost savings across the system (NHS, Local Authorities, employers, education providers, emergency services and justice systems).

5 Next Steps

5.1 West Berkshire is rich in assets that support mental wellbeing and has strong voluntary sector and reduced levels of smoking and alcohol misuse, reduced anti-social

behaviour. There could be an increased focus from public health and the mental health action group on the building blocks to good mental health by collaboratively working with other health and wellbeing board subgroups.

5.2   There is currently a gap in terms of getting regular service user feedback from people with lived experience of mental health problems. This is being taken forward through the mental health action group who are setting up a new mental health forum.

5.3   Public health are continuing to explore the evidence around what interventions work in terms of preventing mental illness, strengthening protective factors and reducing risk factors.

6   Conclusion

This report has provided an overview of public mental health for the health scrutiny board. It has highlighted prevention and the range of initiatives that have been funded through the public health grant. This report has also outlined some of the strategic mental health work undertaken through the Health and Wellbeing Board. It has also provided examples of wider public mental health initiatives that have supported the delivery of the council strategy.