

Appendix A: Mapping of Public Health Investments contributing to mental well-being (2013/14)

	Commissioning area	Local lead	Recommended interventions	What we are doing locally	Examples of the impact or outcomes	Implementation mechanisms and feasibility	References
1	Promote good parental mental and physical health to improve early child development and wellbeing and maternal wellbeing and reduce adverse outcomes of pregnancy and infancy. Continue in later years with universal and targeted approaches.	LF	Universal routine enquiry and targeted treatment for women at risk of depression with home visiting programme and health visitor training for post-natal depression, as part of a package of measures to improve perinatal mental health.	Progress against the Healthy Child Programme to be monitored by the commissioner. This includes anti-natal visits and post-natal depression review at 6-8 weeks. This is an integral part of the health visiting service. The above services should have processes within the contract monitoring arrangements to identify specific outcomes.	<ul style="list-style-type: none"> Improved maternal mental health and quality of life Improved infant and child mental wellbeing Improved mother's productivity in employment after maternity leave. <p>Interventions are cost effective - even the most expensive programmes show a return after one to two years.</p>	Routine enquiry at ante-natal clinics. Prenatal programmes followed by comprehensive postnatal services over the first year are most effective. Interventions with first-time mothers show most clear cut effects.	Independent risk factors for conduct and emotional disorders ⁴¹ Maternal depression, especially in teenage mothers, leads to behavioural difficulties. ^{42,43,44,45}
2	Promote good parenting skills – universal as well as targeted early intervention programmes for common parenting problems and more intensive interventions for high risk families to prevent conduct disorders.	LF	Universal access to training programmes: a) community based group programmes; home based individual programmes, b) pre-school/ early child education programmes, supporting development of home learning environment. c) prioritising support for parents from higher risk groups and with children with emotional and behavioural problems.	a) Health Visiting Service and include families who meet the criteria, have access to FNP, voluntary services are available via Homestart Barnet who offer parenting support (Kirpal). b) Children's centres are trained and offer parenting support. c) all providers should refer to the appropriate organisations for higher risk families e.g. family focus The above services should have processes within the contract monitoring arrangements to identify specific outcomes.	<ul style="list-style-type: none"> Improved parental efficacy and parenting practice Improved maternal mental health Reduced use of NHS, social care and criminal justice and better use of educational opportunities Builds social and emotional resilience from an early age. <p>Highly cost effective with significant savings to the public sector. Relatively quick return on investment: costs for children with conduct disorders reducing to a fifth after only 18 months.</p>	Ensure that parenting programmes are matched to participants' needs based on an assessment of the social context and family circumstances. Currently only 10% of parents with children with conduct disorder receive evidence-based parenting interventions. These parents are often harder to reach and so need targeting. Pre-school programmes that combine high quality education programmes with parent support are most effective.	Group-based parenting programmes have an overall positive effect on mental health and lead to improved self-esteem. ⁴⁶ Good parenting skills the best way to promote emotional wellbeing and reduce conduct disorders ^{47,48,49} Early interventions show long term benefits and impacts. ⁵⁰ Social and emotional learning programmes highlight improvement in social and emotional skills and self esteem. ⁵¹
3	Build social and emotional resilience of children and young people through whole-school approaches including prevention of violence and bullying.	JL	a) School based Social and Emotional Learning and Self-management programmes. b) Mentoring programmes c) Family Intervention Projects d) School based violence prevention programmes including sexual abuse and bullying prevention.	a) EWB programme for primary schools (universal) begins in Oct. Opportunities for targeted work, for mentoring programmes, family intervention and violence prevention to be assessed before Xmas for investment in new year. b) Provided by the Youth Service c) Family Focus d) Consideration to contract variation to include this as a core part of the family planning provision.	<ul style="list-style-type: none"> Improved social and emotional skills, self-esteem, connection to school and positive social behaviour Reduced conduct disorders and emotional distress including substance misuse antisocial behaviour, domestic violence. <p>Integrated approach, using universal and targeted interventions in primary school are cost-effective.</p>	A curriculum is recommended that integrates development of social and emotional skills within all subjects, delivered by trained teachers and with support of parents. Targeted approaches for children showing early signs of emotional and social difficulties are recommended as these are more responsive to the needs of children from different socioeconomic, cultural and ethnic backgrounds and children with disabilities.	Peer led 'emotional intelligence' effective in combating low self-esteem. Universal school wide mental health promotion better than classroom based brief interventions. ^{52,53,54,55}
4	Improving working lives: a) support for unemployed b) creating healthy working environments c) early recognition and intervention for those with mental health problems d) supported work for those recovering from mental illness.	JL	a) Workplace screening for depression followed by CBT where indicated. b) Early intervention to reduce risks of unemployment through primary care and Job Centres and early intervention to promote engagement and participation of those who become unemployed. c) Stress management: tailor interventions to the needs of the particular worksite, types of stressors etc. d) Supported work for those recovering from mental illness.	Back to work support for patients known to secondary MH services is underway as is support for those effected by welfare reform. Workplace health promotion materials developed to support local employers including advice on MH support	<ul style="list-style-type: none"> Increased employment, and reduction in lost employment years due to reduced health service and welfare costs Reduction in costs to health service of depression and anxiety disorders Improved wellbeing due to reduced financial distress, reduced housing stress etc Reduction in sickness absence Significantly improved employment rate for those on work support scheme Reduction in hospital readmission rates Reduced time spent in hospital. <p>Costs of programme quickly translate into financial benefits, mainly in form of cost savings.</p>	a) Adopt integrated interventions that combine organizational and individual level approaches based on the participation of key stakeholders. b) Job retention and re-employment programmes such as the JOBs programme which support reemployment and promote the mental health of unemployed people. c) Supported employment programmes and specialist work schemes are most effective. d) Reduce mental health stigma and discrimination in the workplace. e) Support NHS, local authority and third sector organisations to develop local interventions to improve healthy working lives, reduce stressors that are beyond the individual's control and support occupational health schemes.	Early diagnosis and intervention with employees with depressive symptoms offers good financial return. ⁵⁶ Adults who are economically inactive are at increased risk of mental illness. ⁵⁷ Lack of income may lead to housing difficulties and an increased risk of mental disorder. ⁵⁸
5	Improve the quality of older people's lives through psychosocial interventions and enhanced physical activity.	JL	a) Physical exercise (dance, gym, walking) on prescription. b) Falls prevention through social support and education c) Volunteering d) Opportunities for lifelong learning.	Investment in physical activity opportunities for older people planned including dance, walking and tai chi (including falls prevention pathway). Exercise of prescription investment planned. Some investment in lifelong learning through ageing well and encouragement of volunteering.	<ul style="list-style-type: none"> Reduced use of health and social care services Improved social inclusion Improved mental and physical health. Improved quality of life Reduced A&E attendances and admissions to hospital. 	Meaningful group activities with educational and/or support input based on participation of older people. Increasing physical activity in residential care settings and through social prescribing. Ensure staff in leisure centres are appropriately qualified to provide exercise programmes for older people.	Moderate physical activity improves mental wellbeing as measured by GHQ. ⁵⁹ Exercise of moderate intensity has positive effect on physical and mental wellbeing ^{60,61} and reduces anxiety, enhances mood and improves self-esteem. ^{62,63} Volunteering is associated with greater

						Volunteering, peer support and opportunities for activities that foster contact between older people and other generations.	life satisfaction with evidence that the positive mental health gains for older people in are greater than for younger people. ⁶⁴ Reduced loneliness and anxiety by providing the means to stay active ^{65,66} Cost effectiveness of life review courses.
6	Improving quality of life through increasing opportunities for participation, personal development and problem-solving that enhance control and prevent isolation	JL CF	Access to social interventions in primary and community care pathways: through social prescribing – specifically volunteering, including timebanks, exercise, arts and creativity, learning and educational opportunities, green activity. Signposting to welfare advice, particularly employment, benefit uptake, debt management, financial literacy and information and self-help. Debt counselling and advice. Implement interventions to address fuel poverty	Information and advice work stream across LA and CCG is underway but no social prescribing. Ageing well is introducing a time bank initiative and will increase provision of activities. Winter well programme includes attention to energy efficiency. Physical activity opportunities small grant scheme to be launched shortly in Barnet	<ul style="list-style-type: none"> Self-help groups effective in reducing social isolation/ loneliness and provide meaningful occupation *Increased quality of life through social interaction and having practical needs met Increased levels of social support and caregiver skills Reduced demands on primary care and reduced levels of antidepressant prescribing Effective befriending services generate significant cost savings. <p>Good cost effectiveness of walking and physical activity programmes cost per QALY between £5000 and £12,000.</p>	Build collaborative community partnerships based on existing strengths and resources. Use innovative approaches such as social prescribing and mutual volunteering schemes to engage the participation of socially excluded groups. Ensure access to education, learning, arts, leisure, personal development and local support services based on consultation with key stakeholder groups. Place shaping by LAs to create opportunities for people to come together	Meaningful occupation and physical activity increases overall wellbeing ^{67,68} Timebanks generate new social networks and relationships. Adults who are economically inactive are at increased risk of developing a mental disorder. ⁶⁹
7	Implementation of initiatives to prevent, identify and respond to emotional, physical and/or sexual abuse.	JL SH	Multi-agency information sharing on alcohol-related assaults School based violence prevention programmes including sexual abuse and bullying prevention.	School based violence prevention to be scoped before new year. Link into Safer Barnet/ subgroup- Violence against women and girls group and subgroup- gangs	<ul style="list-style-type: none"> 40% reduction in assaults presenting to Emergency Department over 5 year period Reduced crime, aggression and sexual violence 80% reduction in crime and improved perception of safety Improved mental and physical health. 	Multi-component interventions that integrate skills development and training of teachers and parents, supported by specialists. Key role of primary care and wider health services to offer a holistic approach and understanding of the contribution of violence and abuse to health problems.	Physical and sexual violence have direct health consequences and are risk factors for a wide range of long-term health problems including mental health problems, alcohol abuse, unwanted pregnancy, sexually transmitted diseases and risky sexual behaviour. ⁷⁰ Child physical, emotional, sexual abuse are causal factors in childhood, adolescent and mental health problems. ⁷¹ Bullying has negative consequences on mental health and school; performance. ⁷²
8	Integrating physical and mental wellbeing through universal lifestyle programmes to reduce smoking and obesity, and to encourage exercise.	JL LF SH	a) Universal access to lifestyle programmes. b) Supporting higher risk groups- for example people with a mental illness or learning disability, older people and pregnant women. c) Target people with long term conditions who are known to be at risk of depression. d) Encourage good nutrition and diet.	Smoking cessation and outdoor gym provision across the borough. Support for high risk groups coordinated through partnership boards. Better information and support required to access services. b) refer people with existing mental health conditions to existing physical activity interventions e.g. exercise on referral and health walks and Expert Patient Programmes Maternity service provision for pregnant women with mental health conditions to be reviewed.	<ul style="list-style-type: none"> Establish social prescribing programmes to encourage exercise (e.g. prescribing gym sessions). Reduced depression and better self-management of diabetes; reduced dependency on primary care. Weight management and reduced diabetic complications. 	Integrated physical and mental health behaviour change through brief interventions. Opportunistic health promotion interventions in primary care for high risk groups. Skilled staff oriented to respond to the mental health needs of primary care patients.	Moderate physical activity improves mental wellbeing as measured by GHQ73: Exercise reduces anxiety, enhances mood and improves self esteem. ⁷⁴ Individuals with psychological distress at risk of stroke, CHD, Acute MI, colon cancer. ^{75,76,77} Screening and treatment of depression for those with Type II diabetes in primary care has economic benefits. ⁷⁸
9	Tackling alcohol and substance abuse, including direct measures with those abusing alcohol and screening programmes.	SH	a) Target problem drinking and alcohol abuse through multi-sectoral action (health, local authority, police, education etc. b) Screening and brief intervention in primary care.	Alcohol and Substance misuse prevention will be included in the Barnet Schools Wellbeing Programme work stream Brief intervention in pharmacies planned.	<ul style="list-style-type: none"> Alcohol use reduction has early payback and impacts favourably on NHS (e.g. A&E attendances), street crime, and domestic violence. Reduce isolation and 'hidden' drinking especially older people. 80% reduction in crime and improved perception of safety. <p>Screening and brief intervention in primary care for alcohol abuse is highly cost effective (saving to cost ratio of 12:1).</p>	Multi-sectoral action through multiagency plans between NHS, local authority (social services authorities, planning, education, transport) with Police, Probation, third sector, etc	Effective strategies to reduce alcohol related harm require a combination of measures. ⁷⁹ Savings exceed investment costs by a factor of 12:1. ⁸⁰
10	Community empowerment and interventions that encourage improvements in physical and social environments, and strengthen social networks.	JL	Include encouraging active travel, reducing effects of traffic, functionality of neighbourhood, safe green environments, community arts and culture, volunteering.	Active travel planning for schools already delivered and expansion to workplaces under consideration Ageing well community programmes	<ul style="list-style-type: none"> Improve wellbeing and quality of life and neighbourhood outcomes: sense of belonging, participation in decision making, wellbeing/quality of life, satisfaction with place to live Reduce isolation and loneliness, encourage exercise. 	Delivery mechanisms: community development. Use of community empowerment strategies based on the active engagement and participation of local community members. Create awareness of the impact of the social and physical environment on the community and people's mental health.	Majority of changes that older people identify as important to their mental wellbeing can be addressed by activities at a local, community level. ⁸¹ Good cost per QALY with estimates ranging from £5,000 to £12,000. ⁸²

