

# Keynote Programme

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Public Health  
England

# Transforming Mental Health and Dementia Provision with the Natural Environment

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Public Health  
England

# Public Health England

‘Protecting and improving the nation’s health  
and addressing health inequalities’

A Government Executive Agency - Part of the Department of Health.

Key Functions:

- Health Protection
- Knowledge and Information
- Health Improvement

5000 staff – 8 Local Centres, Plus London

Close Working with NHSE, Local Government, Voluntary and  
Community Sector, Business and Academia



# PHE and Mental Health

## **Commitment to embedding mental health in all we do.**

- Core National Team - Prevention Concordat, Suicide Prevention Local Support, Physical Health of People with Mental Illness
- 8 Local Centres Plus London – Public Mental Health Leads
- Knowledge and Intelligence (Information and Data) – Mental Health Intelligence Network
- Health Protection ‘Psychological Resilience’ Lead and Network



# Key Statistics for adult mental health

1 in 4 of us suffers from a mental health problem in the course of a year



Mental illnesses account for the largest burden (23%) of diseases in England

Half of all lifetime cases of mental illness begin by age 14



One in ten children between the ages of one and 15 has a mental health disorder.

Suicide is the single biggest cause of death in men age 20-45 in the UK



*People living with mental illness today have the same health and life expectancy as the general population in the 1950's*



# 5 key agendas for mental health

1. Improving the lives of those living with and recovering from mental health problems, difficulties challenges, illnesses – jobs, homes, learning, friends, decent health, decent income, debt free
2. Improve population mental wellbeing across all stages of life
3. Prevent mental health problems and the prevention of suicide
4. Embed mental health into all we do in improving the public's health for people and places.
5. Mental health is a key driver and may hold one of the keys to addressing inequalities



# Health in Communities

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## some drivers

Our population is ageing

More people have long term conditions (physical and mental)

Inequalities persist and in many places are worsening

Expectations of services rising

Financial constraints in all public services

People want more responsive, personalised services

People want more control and influence

Communities are more fluid and in some cases fragmented



# Health?.....

**Socially determined and shaped** – more by the way in which our society is organised, than by our individual ‘merit’ or the quality of the health care system.

Good health is **more than the absence of disease** or illness.

There is a **‘social’ gradient**.

Need to address the **causes of the causes** – poverty, isolation, violence, worklessness, environment and housing, caring.....

**Key areas** are early childhood development, education, work and working conditions, older people (connected and cared for), resilient and engaged communities.

*Sir Michael Marmot ‘The Health Gap’ 2015*



# Mental Health, Wellbeing...

**‘Mental health is defined as a state of *well-being*** in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Where health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ WHO 2005

**‘*Wellbeing* is a dynamic state**, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.’ *Foresight Report on Mental Capital and Wellbeing (2008) Government Office for Science*

**‘Feeling Good and Functioning Well’ FPH (2014)**

# Green Space and Health

1. There is significant and **growing evidence on the health benefits** of access to good quality green spaces. The benefits include better self-rated health; lower body mass index, overweight and obesity levels; improved mental health and wellbeing; increased longevity.
2. There is **unequal access to green space** across England. People living in the most deprived areas are less likely to live near green spaces and will therefore have fewer opportunities to experience the health benefits of green space compared with people living in less deprived areas.
3. Increasing the use of good quality green space for all social groups is likely to **improve health outcomes and reduce health inequalities**. It can also bring **other benefits such as greater community cohesion and reduced social isolation**



# Health, Deprivation & Green Space

- older people live longer in areas where there is more green space close to their homes
- children who live close to green spaces have higher levels of physical activity and are less likely to experience an increase in BMI over time
- people living in the most deprived areas are 10 times less likely to live in the greenest areas
- the most affluent 20% of wards in England have 5 times the amount of parks or general green space compared with the most deprived 10% of wards



# Economic case for action

there is an **Environmental component to each of these**

- **Diet-related** ill health cost the NHS £5.8 billion per year. **Obesity** costs the NHS £5.1 billion and projected to reach £9.7 bn by 2050
- **Physical inactivity** contributes to one in six deaths in the UK and costs £7.4 billion a year to business and wider society.
- **Outdoor Exercise (Green Spaces)** - more than 8m adults engage in outdoor exercise per week: health benefits valued at up to £2.2bn
- **Alcohol** costs the NHS £3.3 billion
- **Better community cohesion** could save £530M per annum
- **Mental Illness** costs £105bn per annum



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# PHE Briefing and Evidence Reviews



planning healthy-weight environments –  
a TCPA reuniting health



planning healthier places –  
report from the reuniting health with planning project



Andrew Ross, with Michael Chang

## Active Design

Planning for health and wellbeing through sport and physical activity



October 2015



Protecting and improving the nation's health

Working Together to Promote Active Travel  
A briefing for local authorities

Supported by



Healthy people, healthy places briefing  
Obesity and the environment:  
increasing physical activity and active travel



November 2013





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# Monthly Current Awareness Update



Public Health England

Healthy People Healthy Places Current Awareness Update

**June 2016**

Welcome to the Healthy People, Healthy Places Current Awareness Update. The purpose of this update is to provide you with an overview of the latest news, policies, evidence and resources relevant to the health and place agenda. It complements the work of PHE's Healthy People Healthy Places Programme, which aims to deliver a future where everyone is able to live, work and play in a place that promotes health and wellbeing, sustains the development of supportive and active communities, and helps reduce health inequalities.

The HPHP Current Awareness Update is a monthly update. We hope you find this resource useful and welcome any feedback. PHE Knowledge and Library Services also produces a related Sustainability and Climate Change Current Awareness Update. If you are interested in receiving this please contact us.

Please note that not all the articles and resources referred to in this update are freely available. If you require access to anything that is not freely available, please contact library services. If you are not a member of PHE staff, you may need to contact your own organisation's library services for access.

Produced by PHE Knowledge & Library Services. If you have any queries, please contact us at [libraries@phe.gov.uk](mailto:libraries@phe.gov.uk).

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#### **Communities**

- [Health inequalities - 4](#)
- [Localism - 4](#)

#### **Built Environment**

- [Spatial planning - 16](#)
- [Pollution - 5](#)
- [Blue spaces - 2](#)

#### **Housing**

- [Fuel poverty - 1](#)
- [Housing and care - 5](#)
- [Housing conditions and tenure - 3](#)
- [Affordable housing and homelessness - 5](#)

#### **Transport**

- [Transportation - 14](#)
- [Active travel - 11](#)

#### **Natural Environment**

- [Climate change - 12](#)
- [Green spaces - 7](#)

In 2007, a new edition of the Oxford Junior Dictionary was published aimed at seven-to-nine-year-olds. OUP deleted a series of words as they were no longer considered relevant to modern day childhood, including:

Acorn, adder, ash, beech, bluebell, buttercup, conker, cowslip, crocus, cygnet, dandelion, fern, gorse, hazel, heather, heron, horse chestnut, ivy, kingfisher, lark, minnow, newt, otter, pasture, poppy, starling, sycamore, wren, willow -

blackberry was replaced by Blackberry



## Key Messages

Language and meaning really matter

Mental health as a much wider social / public issue

Promotion, **prevention**, population approaches alongside services, care and treatment

Community focused and centred – people and places. Community assets

Shift to Wellness

Leadership and authorisation



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# THANK YOU

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# Alistair Burns, National Clinical Director for Dementia



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# **Dementia and the natural environment**

**Alistair Burns**

# Dementia

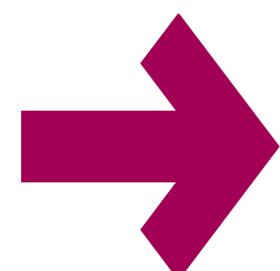
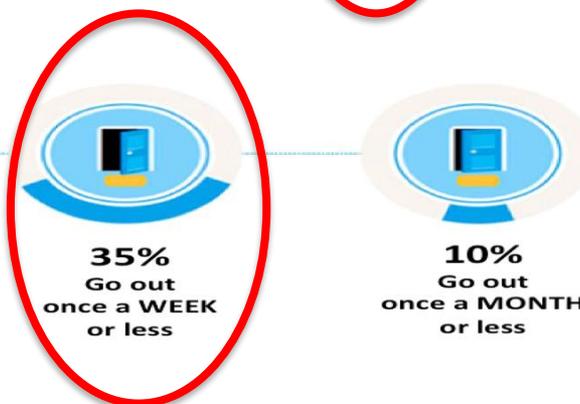
## What is it?

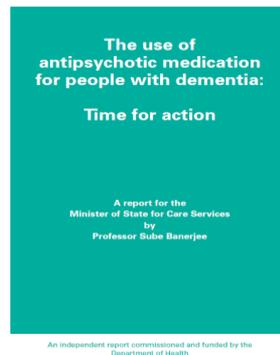
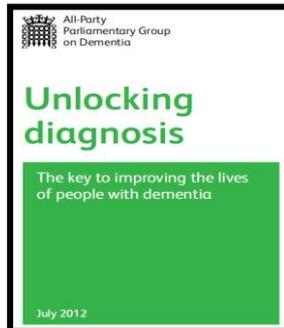
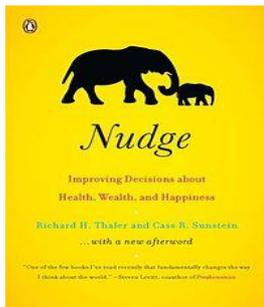
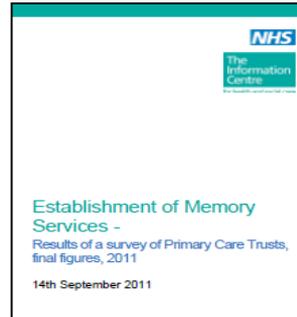
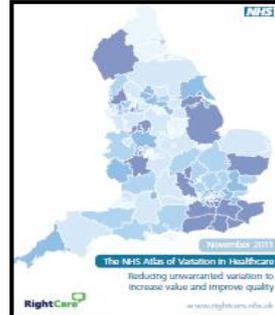
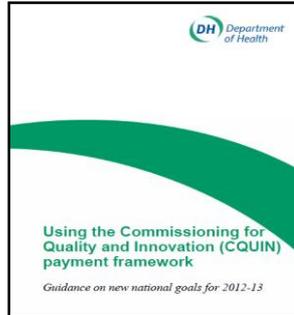
- **850,000 people in the UK have dementia**
- **Multiply this by 2, 3 or 4 for numbers of people affected**
- **Costs an estimated cost £26 billion per annum**
- **25% of people in hospital have dementia**
- **People with dementia stay a week longer in hospital**
- **70% of care home residents have dementia**
- **One third of people who die, die with dementia**
- **The most feared illness in people over 50**

## People with dementia feel their biggest barriers To participating in their local area are:



When asked how often they left the house:





## A 5 year backward glance

- Awareness at an all time high
- Antipsychotics reduced by 50%
- Diagnosis rates up from one third to two thirds
- A hospital dementia CQUIN
- Two primary care enhanced services
- > 600,000 NHS and social care staff had dementia training
- 1.5 m dementia friends
- 150+ Dementia friendly communities
- £60m in dementia research plus £250m for a Dementia Research Institute
- Two PM Challenges
- Record numbers taking part in research

**Preventing well**

**Diagnosing well**

**Supporting well**

**Living well**

**Dying well**

# Dementia Friends impact



**71%**

As a carer I feel that DF is inspiring communities to make a positive difference to people with dementia



**61%**

I feel more confident interacting with people with dementia



**77%**

I have a better understanding of dementia



**79%**

I feel motivated to do more to help others in my community

Natural England Commissioned Report NECR137

## Greening Dementia

A literature review of the benefits and barriers facing individuals living with dementia in accessing the natural environment and local greenspace

First published 21 November 2013

[www.naturalengland.org.uk](http://www.naturalengland.org.uk)



Natural England Commissioned Report NECR211

## Is it nice outside? - Consulting people living with dementia and their carers about engaging with the natural environment

First published 11 March 2016

[www.gov.uk/natural-england](http://www.gov.uk/natural-england)



## A review of nature-based interventions for mental health care

First published 09 February 2016

[www.gov.uk/natural-england](http://www.gov.uk/natural-england)



## Links between natural environments and mental health: evidence briefing

### Purpose of briefing

This briefing note is part of a series that summarises evidence of the relationships between the natural environment and a range of outcomes. This briefing focuses on links between natural environments and mental health. The notes are aimed at: policy makers, practitioners, practice enablers (including Natural England, Natural Resources Wales etc.), local decision makers, and the wider research community. They highlight some of the implications for future policy, service delivery and research. It is intended they will inform practitioner planning, targeting and rationales, but not the identification of solutions or design of interventions. Barriers to access or use are not considered in these notes. The other briefings in the series published so far cover physical activity, obesity, physiological health, connection with nature, and learning. The notes consider evidence of relevance to the UK and outcomes for both adults and children. Please see [EIN016](#) for methodology, glossary and evaluation resources.

### Extent of the issue

- Poor mental health represents the largest cause of disability in the UK and rates are on the increase.
- It is a contributory factor in poor physical health and difficulties in maintaining relationships, and acts as a barrier to full participation in education and the workplace.
- The [Mental Health Foundation](#) highlights that 1 in 4 people in England will experience a mental health problem in any given year, and 50 percent of long-term mental health problems are established by age 14 and 75 percent by age 24.
- The costs of mental health problems to the UK economy are estimated to amount to £70-£100 billion each year, around 4.5 percent of GDP<sup>1</sup>.

### Summary statement

There is a growing body of evidence which tends to demonstrate a positive association between a) population level exposure to natural environments and b) individual use of natural environments, and a variety of positive mental health outcomes. Impacts appear to differ according to socio-economic status and other demographic factors such as age or gender. Interventions which make use of natural environments as settings for mental health promotion or therapy tend to show weak but positive outcomes and are found to be cost effective. Whilst there is an increasing amount of robust research, where confounding factors which may affect the relationship are controlled for, some of the existing evidence comes from the types of studies which may be subject to certain types of bias, and which can't tell us whether exposure

Links between natural environments and mental health  
First edition 14 July 2016



# **Dementia and the natural environment**

**Living well with dementia**

**Post diagnostic support/person centred care**

**Easier to get forgiveness than permission**

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