



# The Association of Directors of Public Health

## APPG Inquiry into the Five Year Forward View for Mental Health

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

### **What should any new mental health strategy post 2021 focus on?**

Overall, ADPH would like to see a more prevention-focused, public health approach to mental health and wellbeing in the population. Current strategies and approaches are too focused on managing developing and existing mental health problems, rather than promoting wellbeing and building personal resilience.

A life course approach to mental health and wellbeing, starting before birth and extending into old age, should be the foundation for any new mental health strategy. Resilience can be built throughout childhood with early intervention, and support should be provided through school, college and university as well as in the workplace. A whole systems approach should be implemented, where care and support can be delivered through multiple pathways.

Finally, any new strategy should highlight and explicitly look at remedying the health inequalities associated with poor mental health and wellbeing. The Centre for Social Justice published a report in 2011 which found that children and adults living in households in the lowest 20% income bracket in Great Britain, are two to three times more likely to develop mental health problems than those in the highest income bracket.<sup>1</sup> BAME communities, refugees, people with learning and physical disabilities and LGBT people are also at increased risk of poor mental health.<sup>2</sup>

### **1. Improving and promoting positive well-being amongst children and young people**

1.1. Children and young people should continue to be an area of focus in the next mental health strategy post 2021. Half of all mental health problems are established by age 14 and three quarters by age 24.<sup>3</sup> One in ten children aged between five and 16 years in Great Britain have a diagnosable mental health disorder.<sup>4</sup>

1.2. Any new strategy needs to be aligned with the Government's Green Paper on Transforming Children and Young People's Mental Health, and other current or emerging strategies that may

impact on the health and wellbeing of young people. ADPH advocates for a whole-system approach to mental and a joined-up approach to improving mental health and wellbeing across all government departments.

- 1.3. ADPH welcomed the Green Paper and strongly agrees that both early intervention and quick access to care, support and treatment are vital. DsPH welcomed the introduction of Designated Senior Mental Health Leads, but stressed that this should run concurrently with a broader whole school approach, which should include mental health training for all teachers and teaching assistants as well compulsory PSHE for the pupils.
- 1.4. ADPH also welcomed the commitment to reducing waiting times for NHS services to 4 weeks, but stressed the need for the proposal to be underpinned by a proper long-term workforce strategy. The full ADPH consultation response can be view [here](#).
- 1.5. The current Five-Year View for Mental Health and the Green Paper alike primarily focus on managing developing and established mental ill health, with prevention an afterthought. A fundamental shift towards prevention and early intervention is required. All professionals working with children should be able to promote positive mental health and be able to identify children experiencing or at risk of experiencing mental health problems.
- 1.6. While ADPH welcomed the current strategy's objective to increase access to specialised mental health care during the perinatal period, the role of the wider workforce should be also considered. There are roles for a wide range of health and other professionals including GPs, midwives, health visitors, social workers and others who need to be able to identify problems early.
- 1.7. There is a growing body of evidence demonstrating that Adverse Childhood Experiences predispose children to mental ill health in later life.<sup>5</sup> Further action is required to both prevent and reduce the impact of ACEs. This should include prevention through early year's services, health visitors and perinatal mental health services, as well as through adult's services, including alcohol and drug treatment services and mental health services.
- 1.8. The mental health and wellbeing of students at university should not be forgotten. A 2016 YouGov survey of Britain's university students found that 27% of students have a mental health problem.<sup>6</sup> Universities UK has provided best practice guidance for supporting good mental health in students for universities, which should be considered. Their recommendations include ensuring students and staff are not overlooked by services, and training staff on mental health awareness.<sup>7</sup>

## **2. Improving and promoting positive mental health in adults**

- 2.1. Just over a quarter of adults (26%) report having ever been diagnosed with at least one mental health problem in England.<sup>8</sup> It is estimated that by 2030, there will be approximately two million more adults in the UK with mental health problems than there were in 2013.<sup>9</sup>

- 2.2. Mental health is closely related to social determinants of health such as housing, employment and education, and these can often be intertwined. Any new strategy should contain details of cross-departmental action to both prevent and treat mental ill-health at both the local and national level along with multi-agency partnership work with schools, the NHS, the police, housing associations and other key stakeholders.
- 2.3. Improving mental health and wellbeing in the workplace is vitally important. One in six adults have a mental health condition with work specifically identified as a potential causative and/or aggravating factor.<sup>10</sup> The majority of employees state they do not feel able to talk about their mental health in the workplace and 15% report facing discrimination after disclosure.<sup>11</sup>
- 2.4. Any new strategy should include clear recommendations for both the public and private sectors to improve mental health and wellbeing in the workforce. For example, in line with NICE guidance, employers should be encouraged to sign up to a healthy workforce pledge, including support for mental health and wellbeing of their workforce. Employers across the UK should also provide training for all staff on the impact of all health conditions, including mental health.
- 2.5. A new strategy also needs to consider how to embed prevention of mental ill health and build resilience and wellbeing in communities. For example, social prescribing could be used more widely in health services as a mechanism for promoting health and independence, and building wellbeing and resilience in communities. There is emerging evidence that social prescribing can lead to improvements in areas such as quality of life, mental health and emotional wellbeing. A study into a social prescribing project in Bristol found improvements in anxiety levels.<sup>12</sup>
- 2.6. ADPH welcomes the current strategy's consideration of the link between mental health and physical health and their commitment to delivering integrated services. Action is needed at all levels of society to tackle the levels of stigma still attached to mental health problems, and to advocate for parity of esteem between physical and mental health. Any new strategy needs to contain strategies for tackling this stigma and achieving parity of esteem.
- 2.7. ADPH welcomes the current strategy's commitment to improving access to mental health services. However, further efforts should be made to integrate mental health services with community support services, which present an alternative to psychological therapies, encouraging physical activity, greater social contact and training opportunities.

### **3. Improving mental health and wellbeing in older people**

- 3.1. The new strategy will need a stronger focus on the mental health and wellbeing of older people. Depression affects around 22% of men and 28% of women aged 65 years and older, and is strongly associated with social isolation and loneliness.<sup>13</sup> While 50% of younger people are referred to mental health services, only 6% of older people are.<sup>14</sup>
- 3.2. Interventions to tackle loneliness and increase the resilience of older people are vital to preventing poor mental health and wellbeing developing among older people. Older adults should be

supported to maintain their independence by working closely with stakeholders such as the voluntary and community sector and social services. It is also important to increase referrals of older people with mental health problems into Increasing Access to Psychological Therapies (IAPT) services.

3.3. Government across the four nations should employ more positive rhetoric when discussing ageing to avoid negative stereotyping around older people and their abilities. Local authorities and healthcare professionals and social workers should also use Making Every Contact Count and opportunistic interventions to engage with older people around health and wellbeing.

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<sup>1</sup> The Centre for Social Justice, *Mental Health: Poverty, Ethnicity and Family Breakdown, Interim Policy Briefing* (2011)

<sup>2</sup> Mental Health Foundation, *Fundamental facts about mental health 2016* (2016)

<sup>3</sup> Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.

<sup>4</sup> NHS Digital, *Mental Health of Children and Young People in Great Britain: 2004* (2005)

<sup>5</sup> Pirkola S, Isometsä E, Aro H, Kestilä L, Hämmäläinen J, Veijola J, et al. 2005. Childhood adversities as risk factors for adult mental disorders: Results from the health 2000 study. *Social Psychiatry and Psychiatric Epidemiology* 40, 769–77.

<sup>6</sup> YouGov, 'One in four students suffer from mental health problems' [<https://yougov.co.uk/news/2016/08/09/quarter-britains-students-are-afflicted-mental-hea/>] (accessed 21 September 2017)

<sup>7</sup> Universities UK, *Student mental wellbeing in higher education: good practice guide* (2015)

<sup>8</sup> NHS Digital, Health Survey for England, 2014 [<http://content.digital.nhs.uk/catalogue/PUB19295>] accessed 21 September 2017

<sup>9</sup> Mental Health Foundation, *Starting today – The future of mental health services* (2013)

<sup>10</sup> Public Health England, Health and Work Infographics [<https://www.gov.uk/government/publications/health-and-work-infographics>] accessed 26 Feb 2018

<sup>11</sup> Public Health England, Health and Work Infographics [<https://www.gov.uk/government/publications/health-and-work-infographics>] accessed 16 Feb 2018.

<sup>12</sup> Kimberlee, R. (2013) *Developing a social prescribing approach for Bristol*. Project Report. Bristol Health & Wellbeing Board, UK. Available from: <http://eprints.uwe.ac.uk/23221>

<sup>13</sup> Health and Social Care Information Centre (2007). *Health Survey for England, 2005: Health of Older People*.

<sup>14</sup> NHS England, Better access to mental health services for older people (2015)