Public mental health – the case for action and some examples

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Outline

- Defining public mental health (PMH)
- Impact of mental health conditions and wellbeing
- Risk factors, protective factors and higher risk groups
- PMH interventions
- PMH implementation gap and causes
- Actions to address PMH implementation gap
- Case examples
- Key messages
- References

Defining public mental health

Defining public mental health

- **Population approach**

- **Improve coverage, outcomes and coordination of interventions to:**
  - **Treat mental health conditions (MHCs)**
  - **Prevent associated impacts**
  - **Prevent MHCs**
  - **Promote mental wellbeing and resilience**

- **Proportionately targeting groups at higher risk of MHCs/marginalisation**

- **Efficient, equitable and sustainable reduction in MHCs and promotion of mental wellbeing across populations**

Source: Campion et al, 2022

Impacts of mental health conditions and wellbeing

Population impact of mental health conditions and mental wellbeing

Large proportion of global disease burden due to MHCs – consistently underestimated

- **32.4% (Years Lived with Disability) (Vigo et al, 2016)**
- **16% (DALYs) (Arias et al, 2022)**

Reasons

- **High prevalence**
- **Majority of lifetime MHCs arises before adulthood**
- **Broad range of public health relevant impacts – health, education, workplace, criminal justice etc**

Associated annual economic cost of mental health conditions

- **UK - £118 billion – 5% GDP (McDaid et al, 2022)**
- **Globally projected to grow to US$6,046 billion by 2030 (Bloom et al, 2011)**

Mental wellbeing – common good and broad range of public health relevant impacts across different sectors

Source: Campion, 2019; Campion et al, 2022

Risk factors, protective factors and higher risk groups

Risk and protective factors

- **Different factors predict MHCs and wellbeing**
- **Risk factors for MHCs particularly important during pregnancy, early years and childhood**
- **Risk factors also important in perpetuation and relapse of MHCs**
- **Overarching risk factors e.g. socioeconomic inequalities, pandemics**

Source: Campion, 2019; Campion et al, 2022

Higher risk groups

- **Certain groups at much higher risk of MHCs and poor mental wellbeing**

- **Disproportionately benefit from PMH interventions**

Public mental health interventions

Public mental health interventions

- **Treatment of mental health conditions**
- **Prevention of associated impacts**
- **Prevention of MHCs**
- **Promotion of mental wellbeing and resilience**

- **Prevention of MHCs**
  - **Primary** – prevention of MHCs from arising
  - **Secondary** – early intervention for MHCs and associated impacts
  - **Tertiary** – prevention of relapse and associated impacts
- **Promotion of mental wellbeing**
  - **Primary** – promotion of protective factors for wellbeing
  - **Secondary** – early intervention for those with recent wellbeing deterioration
  - **Tertiary** – promotion in those with longstanding poor wellbeing

Source: Campion, 2019; Campion et al, 2022

Interventions delivered by a range of providers across different sectors

- **Primary care**
- **Secondary mental health care**
- **Local government/ public health**
- **Social care**
- **Voluntary sector**
- **Schools**
- **Employers**
- **Housing**
- **Criminal justice services**
- **Carers**
- **Others**

Highlights importance and opportunities for cross-sector coordination and integration

Economic impact of public mental health interventions

- **Existence of evidence based PMH interventions**
- **Many evidence based PMH interventions also result in economic savings even in the short term**
- **Economic cost of NOT providing interventions**
- **Overall savings related to level of population coverage which can be estimated**
- **£43.8 billion – estimated net savings from comprehensive coverage across England of nine PMH interventions outlined in previous England mental health strategy (Campion & Knapp, 2018)**

Public mental health implementation gap

- **Population impact of any intervention depends on coverage and outcomes**

- **Despite existence of evidence-based interventions**
  - **Minority of people in England with MHCs (except psychosis) receive treatment (McManus et al, 2016; NHSD, 2023)**
  - **Far lower treatment coverage in LMICs (WHO, 2021)**
  - **Even less access to interventions to prevent associated impacts**
  - **Negligible access to interventions to prevent MHCs or promote mental wellbeing/resilience**
  - **Gap further widened during and since COVID-19 (WHO, 2021; WHO, 2023)**

- **Effects of implementation gap**
  - **Population scale preventable human suffering, broad impacts and economic costs**
  - **Breach of right to health**
  - **Breach of statutory duty under Equality Act not to discriminate against people with MHCs**
  - **Breach of statutory duty to protect children, families, employees etc**

Causes of public mental health implementation gap

Causes of PMH implementation gap

Insufficient

1. **PMH knowledge**
   - **For professionals/trainees in public health, psychiatry, primary care, policy**
   - **Size, impact and cost of PMH intervention unmet need either locally or nationally**
   - **Broad benefits/ economic savings of improved coverage to different sectors**
2. **Policy**
   - **Transparency about decisions acceptable coverage levels of PMH interventions**
   - **Mental health policy implementation according to population need**
3. **Resource compared to proportion of disease burden**
   - **England expenditure on mental health**

     9.9% of NHS budget in England in 2021/22

     2.0% of England public health budget allocated to PMH in 2020/21 (MHCLG, 2022)
4. **Specific causes of treatment gap** - insufficient staff/skills, demand, stigma, treatment quality

Source: Campion, 2019; Campion et al, 2022

Legislative and policy drivers to support public mental health implementation

UK legislative drivers to support public mental health implementation

Integrated care partnerships are required to (DHSC, 2022)

- **Set out how assessed need (through JSNA) are to be met by Integrated Care Board, partner local authorities and NHSE though integrated care strategy (ICS)**
- **Consider refreshing ICS when receive new JSNA**
- **Consider how to implement ICS**

Other legislation e.g.

- **Equality Act (2010)**
- **Children's Act (2004), Children and Families Act (2014)**
- **Health and Safety at Work Act (1974)**

Other drivers to support public mental health implementation

United Nations Sustainable Development Goals (UN, 2016)

- **Committed to treatment and prevention of non-communicable disease including MHCs**
- **Target of universal health coverage - includes mental health**

Right to health – UN declarations

Leadership by organizations e.g.

- **Royal College of Psychiatrists - new Public Mental Health Implementation Centre (2022)**
- **World Psychiatric Association - made PMH key part of its 2020/23 Action Plan**
- **European Psychiatric Association - started a Public Mental Health Section (2023)**
- **World Federation of Public Health Associations - started a Public Mental Health Working Group (2023)**

COVID-19

- **Increased interest in mental health by government and population**
- **Highlighted longstanding implementation gap**

RCPsych Public Mental Health Implementation Centre

Aims to support implementation of evidence-based PMH interventions in six ways

1. **Collaboration and leadership within and beyond RCPsych**
2. **PMH in psychiatry: Promote PMH as intrinsic part of psychiatry including training**
3. **PMH in other professional groups: Support integration of PMH training**
4. **Communication of PMH evidence and implementation opportunities at local and national levels**
5. **Mental health needs assessment including at national level**
6. **Research focus on improving implementation**

Advisory board including representation from ADPH and FPH

https://www.rcpsych.ac.uk/improving-care/public-mental-health-implementation-centre

Opportunities to address public mental health implementation gap

Opportunities to address public mental health implementation gap

1. Assessment of public mental health need
2. Public mental health practice
3. Advocacy, leadership and making the case
4. Training and population knowledge
5. Particular opportunities
6. Use of existing legislation and adopting a rights approach
7. Implementation research

Source: Campion, 2019; Campion et al, 2022

1. Assessment of public mental health need

Public mental health needs assessment

- **Size of PMH assets and implementation gap varies by country and locality**
- **Statutory duty for ICPs to set out how assessed needs are to be met by ICB, partner local authorities and NHSE though integrated care strategy (ICS) (DHSC, 2022)**
- **Assessment required at national and local level**
- **PMH needs assessments usually carried out by public health**
- **Opportunity for collaboration with psychiatrists**

Source: Campion et al, 2017; Campion, 2019; Campion, 2020

2. Public mental health practice

a) Public mental health needs assessment

b) Use of PMH needs assessment to inform

- Choice of PMH interventions
- Policy and strategy across different sectors
- Transparent decisions about acceptable level of stepped provision and required resource
- Communication to different sectors and wider population
- Commissioning, operationalisation and inter-agency coordination/ integration

c) Implementation of evidence based PMH interventions at agreed population level

d) Regular evaluation of coverage and outcomes of PMH interventions including higher risk groups

Source: Campion et al, 2022

3. Advocacy, leadership and making the case

- **Relevant to all – every family**

- **Coordinated advocacy and leadership by range of stakeholders** – supported by needs assessments

- **Stakeholders transparently agree acceptable level of provision and required resource taking account of:**
  - **Right to health**
  - **Impact/cost of implementation failure and benefits of improved coverage**
  - **Statutory duty of ICPs to set out how assessed needs are to be met through ICS (DHSC, 2022)**
  - **Statutory legislation to protect and Equality Act**
  - **SDG target of universal coverage**

4. Training and population knowledge

Public mental health training to reflect global disease burden due to MHCs

- **Training for professionals/ trainees and decision makers**
  - Public health
  - Secondary mental health care
  - Primary care
  - Schools/ workplaces
  - Criminal justice
  - National and local policy
  - Commissioners

Improved population knowledge about mental health

- Including targeted approaches for higher risk groups

Source: Campion, 2019; Campion, 2020

5) Particular opportunities

a) Setting based approaches

- Preschools, family hubs, schools, workplaces, neighbourhoods, primary care, secondary mental health care, prisons, care homes – includes staff

b) Integrated approaches facilitated by PMH needs assessments

c) Digital technology

- Internet and phone can effectively deliver many PMH interventions
- Digital technology can also deliver PMH training

d) Maximising existing resources

- Self-management including self-help and use of digital based interventions.
- Support from family, carers and friends
- Treatment resource maximised through collaborative care, task shifting, improving quality of and concordance with treatment

Source: Campion, 2019; Campion et al, 2022

5) Particular opportunities

e) Particular interventions

- Action to address socio-economic inequalities which underlie many other risk factors for MHCs
- Parenting interventions
- Address parental MHCs to prevent offspring MHCs
- Address child adversity which accounts for **30%** of MHCs
- Increase physical activity which improves mental health across the life course

Source: Campion, 2019; Campion et al, 2022

6) Legislation and a rights approach

- **Use of existing legislation** e.g.
  - Health and Social Care Act (DH, 2012, DHSC, 2022)
  - Equality Act (2010)
  - Children's Act (2004), Children and Families Act (2014)
  - Health and Safety at Work Act (1974)

- **Right to health**
  - Includes the right to mental health and evidence based PMH interventions particularly for higher risk groups.
  - Important mechanism to advocate for appropriate population coverage of PMH interventions

7) Implementation research

Public mental health case examples

Southwark CYP mental health needs assessment

- Southwark Council committed to universal health coverage for CYP mental health in 2019
- CYP Mental Health Needs Assessment carried out with local public health team
- Estimation of number of CYP with MHCs including from higher risk groups – 8500 with MHCs including 3,300 with more than one MHC
- Less than a third received any treatment from CAMHS – lack of information available from primary care, other providers or higher risk groups
- Estimation of number of CYP affected by different risk factors for MHCs and from higher risk groups
- Negligible implementation of evidence-based interventions to prevent MHCs or promote mental wellbeing and resilience
- Use mental health needs assessment to inform Action Plan to agree:
  - Priority interventions with greatest impact
  - Annual implementation targets by different sectors
  - Data to monitor annual implementation progress including for higher risk groups

Smoking and mental health

- Smoking - single largest cause of 7-25 year reduced life expectancy in people with MHCs
- Also a risk factor for developing MHCs
- Cessation associated with small to moderate improvements in mental health (Taylor et al, 2021)
- 25-50% reduction of many medication doses required within 4 weeks of cessation
- Evidence-based smoking cessation interventions exist - provided by primary care (Campion et al, 2023), stop smoking services, secondary care (NICE, 2013) and pharmacists (Campion et al, 2017)
- Implementation gap (Campion et al, 2023)
  - NHS Stop Smoking Services in England supported 1.8% of smokers to successfully stop in 2021/22
  - Reducing provision of smoking cessation pharmacotherapy in primary care – 9% of smokers with depression and 10% of smokers with SMI received NRT
- Opportunity to assess size of unmet need and put in place systems across sectors to support training and coordinated scale delivery - locally, regionally, nationally

RCPsych 2023 report on infant and early years mental health

- **Engagement with broad range of sectors**
- **Estimated rates of MHCs and minority receiving intervention**
- **Estimated rates of risk factors and lack of implementation of interventions to address risk factors to prevent MHCs**
- **Outlined causes of implementation failure**
- **Nine recommendations based on PMH model to address implementation gap by different sectors including training**
- **Endorsed by several organisations including FPH and IHE**
- **Working group to implement recommendations**

Summary

Summary

- **Mental health conditions (MHCs) and poor mental wellbeing have large public health relevant impacts across sectors exacerbated by COVID-19**
- **Effective PMH interventions exist to** treat MHCs, prevent associated impacts, prevent MHCs, and promote mental wellbeing and resilience
- **Implementation failure of effective PMH interventions** results in preventable suffering, broad impacts and associated economic costs – also represents a breach of the right to health. Further amplified by COVID-19
- **Implementation of PMH interventions can be improved in several ways – public health has a key role**
- **PMH approach supports integrated approach between different stakeholders**
- **Improved implementation**
  - **Broad impacts across sectors**
  - **Achievement of range of policy objectives including public health**
  - **Economic savings even in short term**
  - **Supports UN SDG target of universal coverage**
- **PMH approach represents a key opportunity to sustainably reduce impact of MHCs and promote population health at local and national level**

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