



The Association of Directors of Public Health

Policy Position: Mental Health and Wellbeing

Key messages

- Adopting a life course approach to mental health and wellbeing should be a priority for all nations.
- Mental health problems are common within the population and parity of esteem with physical health is vital for improving outcomes and tackling stigma.
- 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.

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.

This policy position outlines our position on mental health. It has been developed in partnership with the membership and led by the ADPH Mental Health Policy Advisory Group.

Background

Just over a quarter of adults (26%) in England report having ever been diagnosed with at least one mental health problem.¹ 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 2013.² 13% of adults aged 16 or over living in Wales were reported to have received treatment for a mental health problem.³ Between 2012-15, one in six (15%) adults in Scotland reported the symptoms of a mental health condition.⁴ According to the Northern Ireland Health Survey 2016/17, 30% of individuals had concerns about their own mental health in the past year.⁵

Half of all mental health problems are established by age 14 and three quarters by age 24, and the recognition of the importance of the good mental health of children has been growing recently.⁶ One in ten children aged between five and 16 years in Great Britain have a diagnosable mental health disorder.⁷ The Northern Ireland Young Life and Times survey reported that 29% of 16 year old respondents had serious personal emotional or mental health problems.⁸ Between 2013 and 2018, the number of CAMHS referrals increased by 26.5% in England, and by 22% in Scotland.^{9,10} In Wales, the number of CAMHS referrals to treatment doubled between April 2010 and July 2014.¹¹

Focus on inequalities

There is a link between socioeconomic deprivation and poor mental health in both children and adults. 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.¹² BAME communities, refugees, people with learning and physical disabilities and LGBT people are also at increased risk of poor mental health.¹³

Policy context

In 2015, NHS England and the Department of Health published [Future in Mind](#), which stated that a key priority for the government was promoting resilience, prevention and early intervention, and helping children and young people to access high quality mental health care when they need it.¹⁴ In 2015, a Mental Health Taskforce was brought together to develop the [Five Year Forward View for Mental Health](#). In July 2016, NHS England published an [Implementation Plan](#) to set out the actions required to deliver the [Five Year Forward View for Mental Health](#).¹⁵ The [Prevention Concordat for Better Mental Health](#), to which ADPH is a signatory, was published in August 2017. More recently, the Westminster government published the Green Paper on [Transforming Children and Young People's Mental Health Provision](#). The paper proposed to identify and train a Designated Senior Lead for mental health in every school, establish Mental Health Support Teams to encourage joint-working across services supporting young people and reduce the waiting times to access mental health services to four weeks.

In 2017, the Scottish government published their [Mental Health Strategy 2017-2027](#) which outlined their commitment to improvements in mental health including prevention and early intervention through Personal and Social Education, the role of pastoral guidance in local authority schools and services for counselling for children and young people. There was also a focus on improving mental health training for those who support young people in educational settings.

The Welsh Government published the [Well-being of Future Generations \(Wales\) Act](#) in 2015 which aimed to encourage public bodies to think more about the long-term, to work better with people and communities and each other, and to prevent problems and take a more joined-up approach.¹⁶

In Northern Ireland, the government publication [Making Life Better 2012–2023](#) has the key objective of 'Improved Mental Health and Wellbeing, Reduction in Self Harm and Suicide'. Actions have included improving mental wellbeing in children and young people through initiatives such as [Roots of Empathy](#), an evidence-based classroom programme that has significant effects on levels of aggression and bullying at school.¹⁷ The first Northern Ireland Suicide Prevention Strategy [Protect Life](#) was launched in 2006 and subsequently reviewed in 2012. This set the goal of reducing deaths from suicide and promoting positive mental and emotional wellbeing.¹⁸

ADPH position

A whole system approach

Mental health is closely related to social determinants of health such as housing, employment and education and these can often be intertwined. For example, having a mental health problem may be a contributing factor in an individual becoming homeless and homelessness and poor housing may also increase the chances of developing poor mental health.¹⁹ Cross-departmental action should take place 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. Local areas should adopt a place based approach working across protective factors for good mental health. These include high quality housing, debt reduction, good employment, training and education, green spaces & physical activity and increased social capital.

Funding

Public health funding in England will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut for 2015/16.²⁰ Although Directors of Public Health have been acting to manage these cuts without detriment to outcomes, they have reached the limit of available efficiencies. Cuts to public health funding may result in cuts to interventions which can help to prevent mental illness, as well as reduce suicide rates and promote health and wellbeing throughout the life course. In our Public Health System Survey 2017 we asked Directors of Public Health about recent and planned changes to services.²¹ 18% of respondents had redesigned their mental health services within the last year and 21% planned to redesign them in the next year. While 47% reported a predicted positive impact on services, 10% could not predict the effect.

Mental health support for women during and after pregnancy

Anxiety and depression during pregnancy are both under-diagnosed and under-treated. A recent report suggested that of 100 prevalent cases, only 40 are recognised, 24 treated, 10 treated adequately and three achieve remission.²² Maternal ill-health can affect bonding and early childhood development. Mothers in the top 15% for symptoms of antenatal anxiety and depression are two times more likely to have a child with a diagnosable mental disorder by age 13.²³ There are roles here 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, offer a level of support, and know when to refer on to specialists.

Early years prevention

Poor social and emotional wellbeing in the early years can lead to attachment problems, behaviour and developmental problems, and in later childhood poor mental health outcomes such as depression, anxiety and self-harm.²⁴ Health visitors play a key role in supporting families and are the most common source of guidance for parents.²⁵ All professionals working with children should be able to promote positive mental health in the early years as well identify children who are experiencing or at risk of experiencing mental health problem. Adverse childhood experiences in particular, can have a long term impact on a child's mental health. A strategic shift towards prevention and early intervention is needed and this should begin with supporting good maternal health and positive parenting, to prevent and reduce the impact of ACEs.

Mental health at school and college

Half of all mental illnesses begin by the age of 15. Schools therefore have a key role to play in both the prevention of mental ill-health and the support of young people affected by it.²⁶ Personal, Social, Health and Economic (PSHE) education has a preventative role to play by helping to develop children's character and their communication skills, helping them build resilience and educating children about mental and emotional health. In our 2016 survey, 82% of DsPH in the UK said that introducing compulsory PHSE education lessons in all schools (including academies) was either in their top five priorities or was a priority high on their agenda.²⁷ A 'whole school' approach to mental health in primary and secondary schools and colleges is important to deliver best outcomes. There are eight principles associated with this approach: teaching and learning that promotes resilience; student voice; staff development; identifying need and

monitoring impact; working with parents; targeted support; and an ethos and environment that promotes respect and values diversity.²⁸ School nurses play a crucial role and should be trained to ensure that they can recognise and support those with mental health issues and can recognise when a problem is serious and needs referral.²⁹

Mental health at university

A 2016 YouGov survey of Britain's university students found that 27% of students have a mental health problem. Lesbian, gay, bisexual and transgender (LGBT) students have a higher likelihood of mental health problems compared to heterosexuals (45% compared to 22%).³⁰ Universities UK has provided best practice guidance for supporting good mental health in students for universities. Their recommendations include ensuring students and staff are not overlooked by services and considering training staff on mental health awareness.³¹

Mental health support in the workplace

Almost one in six people of working age have a mental health condition, and work can be a cause of stress and common mental health problems.³² A recent Business in the Community survey found that 77% of employees had been affected by symptoms of poor mental health, and 62% said that this was attributable to work or that work was a contributing factor. However, employees are generally uncomfortable talking about mental health and only 11% of employees discussed a recent mental health problem with a line manager; only 22% of managers had received training on mental health at work.³³ Managers should receive training to support employees with mental health issues and employers should adopt initiatives such as the 'Time to Change' employer pledge. Employers across the UK should also provide training for all staff on the impact of all health conditions, including mental health.

Mental health in older age

Depression affects around 22% of men and 28% of women aged 65 years and older.³⁴ It has been estimated that 85% of older people with depression receive no help from the NHS.³⁵ While 50% of younger people are referred to mental health services, only 6% of older people are and around 10% of older people experience loneliness which can be either a symptom or cause of depression.³⁶ Drinking alcohol at harmful levels also impacts on mental and physical health and is growing in prevalence amongst older people. Community support to prevent and support older people with mental illness is vital, as are interventions to tackle loneliness and increase resilience. 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.

Access to mental health treatment services

It is estimated that 75% of people with mental health problems in England may not get access to the treatment they need.³⁷ Mental health patients are often unable to access care due to long waiting times for psychological therapies, a lack of 24/7 crisis care and a high threshold for specialist mental health support, as well as poor integration of mental health services with other local services.³⁸ Access to CAMHS has been described as a 'postcode lottery' with the likelihood of receiving treatment varying from 18% to 80% across regions, and waiting times ranging from 14 – 200 days.³⁹ Improving access to mental health services is vital as many people can make a full recovery if they are provided with the appropriate treatment and support at the earliest possible stage. Services that support people who may be experiencing poor well-being for the first time or episodic symptoms of mental illness may benefit from community support services (as an alternative to psychological therapies) encouraging physical

activity, greater social contact and training opportunities.

Suicide prevention

The English suicide rate has fallen slightly (from 9.5 in 2016 to 9.2 per 100,000 people in 2017), as has the rate of suicide in Wales (13.0 in 2015 to 11.8 per 100,000 people in 2016). The Scottish suicide rate has also decreased and is at its lowest rate since comparable statistics began (15.0 in 2016 to 13.9 per 100,000 people in 2017).⁴⁰ Within Northern Ireland, the three-year trend shows that suicide rates have remained relatively consistent from 2008/10 to 2013/15, ranging from 15.5 to 16.2 deaths per 100,000 population.⁴¹ Suicide prevention strategies and interventions need to be multi-disciplinary, combining a range of integrated interventions that build individual and community resilience and target groups of people at heightened risk of suicide. Many local areas in England have taken the initiative by implementing 'zero suicide' strategies and creating partnerships between community groups, the third sector and the statutory sector.

ADPH Recommendations

National

- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- National bodies should prioritise support for mental health prevention and early intervention.
- All healthcare professionals should be trained in mental health and be able to promote positive mental health and identify those experiencing or at risk of experiencing mental health problems.
- Personal, Health, Social and Economic education (PSHE) should be made mandatory in all schools to support the development of resilience in young people.

Local

- All providers and commissioners/service planners should work together locally to promote a whole systems and life course approach to mental health, using a common agreement such as the Prevention Concordat for Better Mental Health.
- Local areas should develop strong perinatal mental health partnerships.
- All commissioners/service planners should address health inequalities and cultural/behavioural influences on health choices such as the stigma associated with mental health.
- All areas should prepare and adopt a Suicide Prevention Strategy that is equipped to deal with their particular local context and challenges.
- Local authorities should adopt Workplace Wellbeing Charters and work with their voluntary and community sector (VCS) and private sector partners to encourage them to do so.

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