



What Good Looks Like for Public Mental Health

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding features of what good provision for public mental health looks like in any defined place. It was developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences and consensus expert opinions. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.

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Introduction

The purpose of the What Good Looks Like for Public Mental Health guide is to facilitate and support quality improvement in public mental health outcomes in England. It is based on existing evidence and uses the principles in the Prevention Concordat for Better Mental Health for All. The audience is public health practitioners, mental health commissioners, local authority planners and system leaders with a public mental health portfolio.

Public Mental Health is a population-based approach that considers primary, secondary and tertiary prevention and the interplays between all three. This approach recognises that mental health is not a static state. It promotes the reduction of health inequalities and includes:

- Promoting good mental health and wellbeing across the population
- Preventing the development and escalation of mental distress across the population
- Preventing the development and escalation of mental health problems
- Preventing suicide and alleviating mental distress
- Improving the lives of people living with, struggling with and recovering from mental health problems

Why is public mental health important?

Mental health is [more than the absence of mental illness](#). It is a state of wellbeing in which an individual realises their own assets, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community. Mental health is therefore of universal benefit to all, underpinning our health and functioning throughout life and as our circumstances change so does our mental health.

[Improving the mental health and wellbeing of the whole population](#) will:

- equip people with the social and emotional skills to manage their lives, to have a sense of meaning and purpose, to develop and maintain good relationships and to be able to cope with life's challenges.
- create healthy, inclusive and pro-social places and communities, safe and pleasant physical environments and healthy organisations and settings.
- tackle socioeconomic and environmental factors such as poverty, financial insecurity, discrimination, access to education, employment, transport, housing and support for the most vulnerable people.
- increase individual and community resilience.
- improve physical health through reducing the likelihood of developing a range of chronic illnesses.
- make workplaces more productive with reduced absenteeism and presenteeism

People with high levels of wellbeing are [1.14 times more likely to recover](#) and survive from an illness than those with low baseline levels of wellbeing. [Higher levels of wellbeing are associated with a lower likelihood of having engaged in health risk behaviours](#), such as smoking, risky sexual behaviour or drug use, among 15 to 17-year olds. Positive psychological wellbeing was [associated with reduced mortality](#).

In any given year, one in six adults experiences a common mental health problem. Mental health problems are the second leading cause of morbidity in England. Half of all mental health problems have been established by the age of 14, rising to 75% by age 24. Mental health problems are unevenly distributed across society with disproportionate impacts on people living in poverty, those who are unemployed and identified population groups including sexual and gender minority groups and ethnic minorities [in the community](#). In addition to health inequalities, stigma also needs to be considered as part of a public mental health approach.

The life expectancy of someone with a serious mental health problem is 15 to 20 years less than the general population. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. In addition, people with long term physical illnesses suffer more complications if they also develop mental health problems, increasing the [cost of care by an average of 45 per cent](#).

Tackling mental ill health remains a difficult challenge which, in order to be effectively addressed, requires an approach that takes account of the whole person and their social context – looking at both needs and strengths. Wider aspects, such as belonging, identity, social connection, and purpose are crucial. Social and structural factors such as the distribution of education and employment, the built and online environment, and social norms and practices all impact on our health. Developing high levels of mental wellbeing relies on developing community assets, local relationships and social capital.

Promoting mental wellbeing and tackling inequalities [supports recovery](#) from mental health problems and mental illness.

Vision statement

Our vision is that everyone, irrespective of where they live in England, has good mental health and wellbeing, especially communities facing the greatest adversity and barriers. This includes those living with and recovering from mental illness. As mental illness is affected by a wide range of variables, our actions must reflect this.

This needs to prioritise action focussed on prevention and reducing health inequalities; and includes involving the widest range of partners including public, private and the voluntary, community and social enterprise sector including faith groups.

Summary of system leadership

Good system leadership will join up efforts to address public mental health across the NHS, social care, education, employment, housing, community resilience and cohesion, safety and justice, and civil society. System leadership is described in several documents (see [Application of evidence section](#)) sponsored by a range of government departments. The Five Year Forward View for Mental Health includes prevention, particularly the Prevention Concordat for Better Mental Health for All and improving the physical health of people with mental health problems. This value of this approach has been highlighted in the Advancing our health: prevention in the 2020s Green Paper. Future in Mind and the Children and Young People's Transforming Mental Health Green Paper focus on promoting and preventing mental health amongst children and young people. Thriving at Work highlights employers' roles in promoting good mental health. The national suicide and self-harm prevention strategy for England sets out a blueprint for localities and signals the principle that 'good prevention is also good suicide prevention'.

Local system leadership

System leadership will vary from place to place, but as described in the Prevention Concordat for Better Mental Health for All the key aspects include:

Leadership: Senior leaders across the system understand the value of good mental health as an asset to society, consider mental health in all policy decisions and make sure that a wide range of organisations address public mental health and are held to account for jointly agreed actions.

Partnership: A wide range of local organisations, including public, patient and community groups and employers; have a shared vision for better public mental health, and are actively involved in shaping and delivering a joint approach to public mental health.

Defining success: System partners have a shared understanding of what mental health outcomes matter and how to measure them across the population and within services.

Needs and assets assessment: Data and intelligence are used to develop a shared picture of local mental health needs and assets, to shape strategy, to understand what works and to measure impact.

Deliverable commitments: Strategic aims for better mental health for all are translated into actions and integrated into operational plans across a range of organisations, underpinned by adequate resources. See [appendix 1](#) for a Sector-Led Improvement self-assessment checklist.

A life course approach

Good mental health is strongly influenced by the conditions in which people are born, grow, live, work, and age.

A life course approach to public mental health values the mental health and wellbeing of both current and future generations. It recognises that there are a wide range of protective and risk factors that interact in the production and consequences of mental health and wellbeing that

accumulate over the life span. An individual's internal capabilities and motivation interact with external social and environmental factors to have a bearing on their mental health outcomes.

A life course approach identifies opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages from pre-conception, during pregnancy, through early childhood to adolescence, working and family building years and into older years. This approach seeks a balance across the life course and capitalises on the potential to deliver an inter-generational approach to mental health improvement.

Principles

- Adopting a system-wide focus on the prevention of the onset of mental health problems, incorporating action across public health and wider organisational strategies and plans.
- Shifting the focus of services towards more structural upstream interventions that enable early help, including action on the wider determinants of health and reducing inequalities.
- Taking proportionate action across the life course that balances population-wide mental health promotion with targeted support where need is greatest.
- Drawing on people's lived experiences of mental health problems and mental illness, as well as the wider community, to identify solutions and promote equality.
- Building the capacity and capability across our workforces to prevent mental health problems and promote good mental health within their everyday practice.
- Continuing to normalise and lessen the stigma associated with mental health problems.
- Understanding barriers and enablers for change to engage and steer local system leaders from multiple disciplines.

Application of evidence to improve outcomes

Evidence from economic analysis and other research suggests that when considering a life course approach, good practice includes action relevant to primary through to tertiary prevention:

Preconception and maternity:

- Commissioning community and inpatient perinatal mental health services
[PHE Mental Health Cost Effective Commissioning](#)
[PHE Prevention Concordat for Better Mental Health](#)
- Commissioning reproductive health services that incorporate public mental health
[NICE Quality Standard \(QS\) Antenatal and Postnatal mental health](#)

Birth and early infancy

- Commissioning evidence-based parenting support to improve family formation, perinatal and early years mental health
[NICE QS Developmental follow-up of children and young people born pre-term](#)
[NICE Quality Standard - Early years: promoting health and wellbeing in under 5s \(QS128\)](#)
[PHE Prevention Concordat for Better Mental Health](#)

Childhood and adolescence

- Local schools taking a whole-school approach to improving mental health, particularly interventions to tackle bullying and promote social and emotional learning
[PHE Prevention Concordat for Better Mental Health](#)

Adulthood and working age

- Workplaces taking organisational approaches to promoting mental health and wellbeing in the workplace through good management, policies and interventions to prevent stress, depression and anxiety problems.
[NICE QS Healthy workplaces: improving employee mental and physical health and wellbeing](#)

Older years

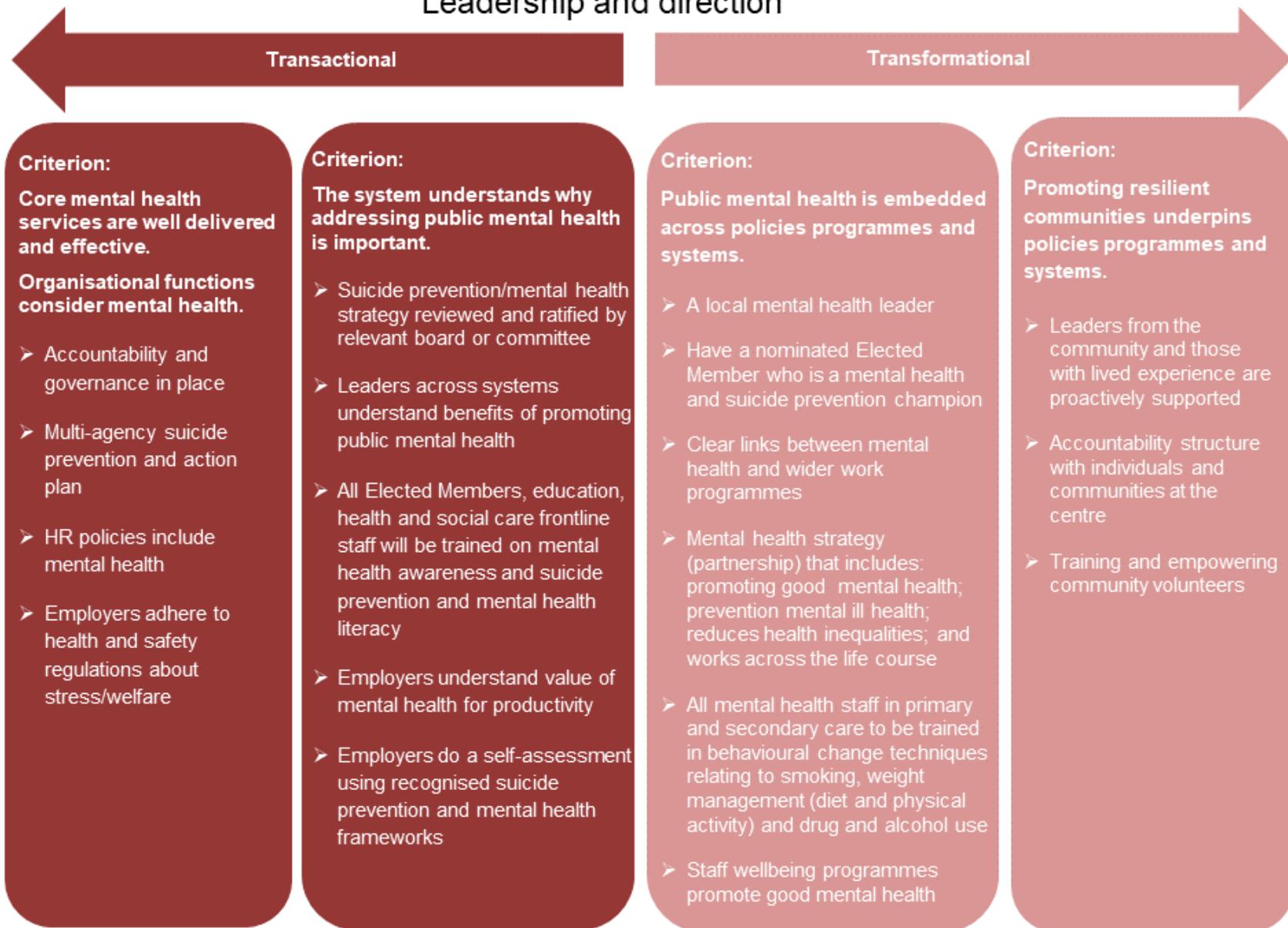
- Building social connectedness within neighbourhoods, especially for the most vulnerable, isolated or older people.
[NICE QS Mental wellbeing and independence for older people](#)
[NICE QS Mental wellbeing of older people in care homes](#)

Intergenerational

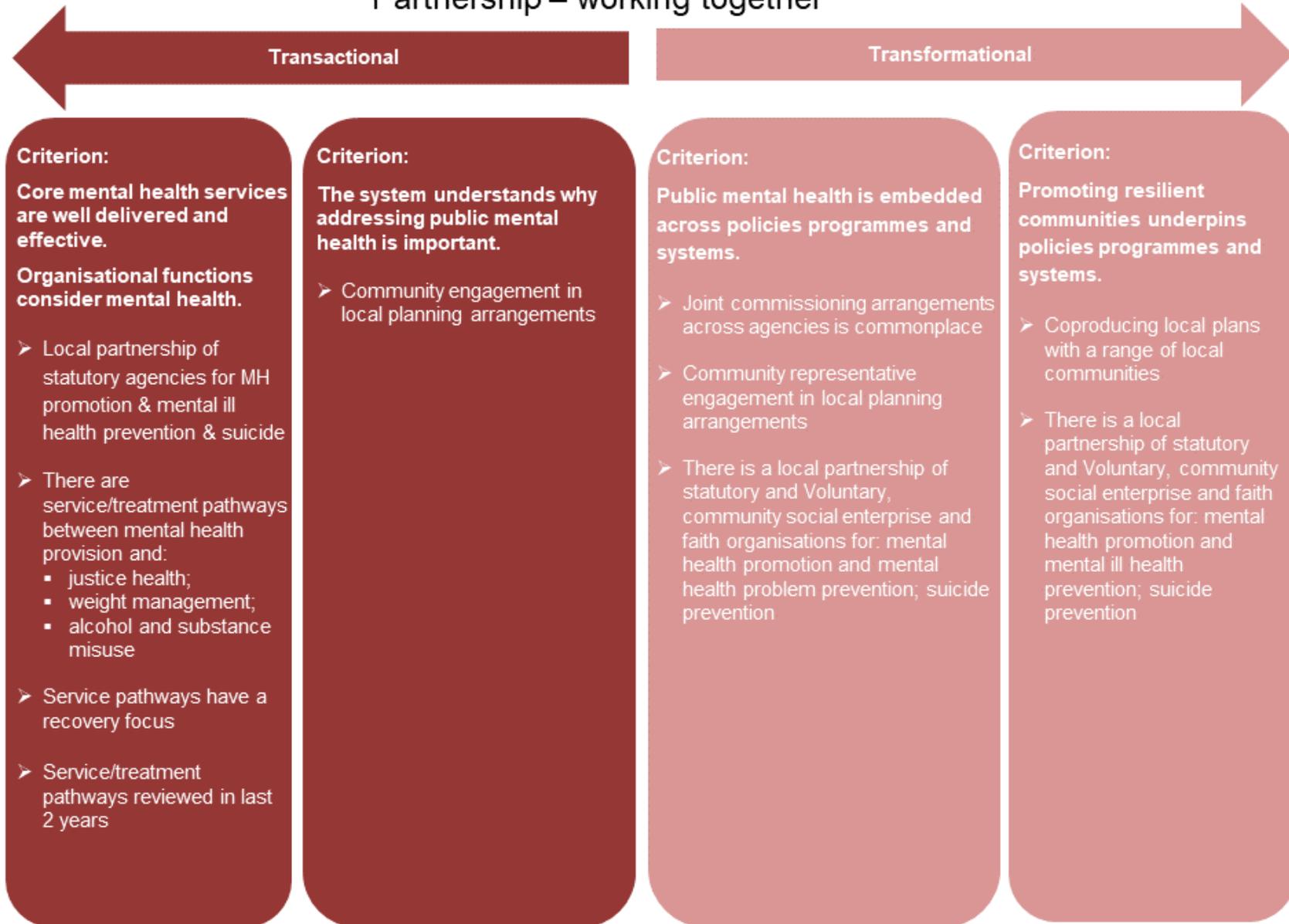
- Taking evidence-based actions based on [NICE/PHE guidance](#) on community and custodial settings and PHE local suicide prevention planning.
[NICE QS Mental health of adults in contact with the criminal justice system](#)
[PHE Suicide prevention: developing a local action plan](#)
[NICE QS Learning disability: identifying and managing mental health problems](#)
- Tackling poverty, maximising income and reducing debt through interventions such as provision of debt advice.
- [PHE Mental Health Cost Effective Commissioning](#)
- Providing more holistic health and care services that protect the mental health of those with long-term physical health problems, as well as meeting the physical health needs of those with mental health problems.
[NICE QS Transition between inpatient mental health settings and community or care home settings](#)
[NICE QS Service user experience in adult mental health services](#)
[PHE Prevention Concordat for Better Mental Health](#)

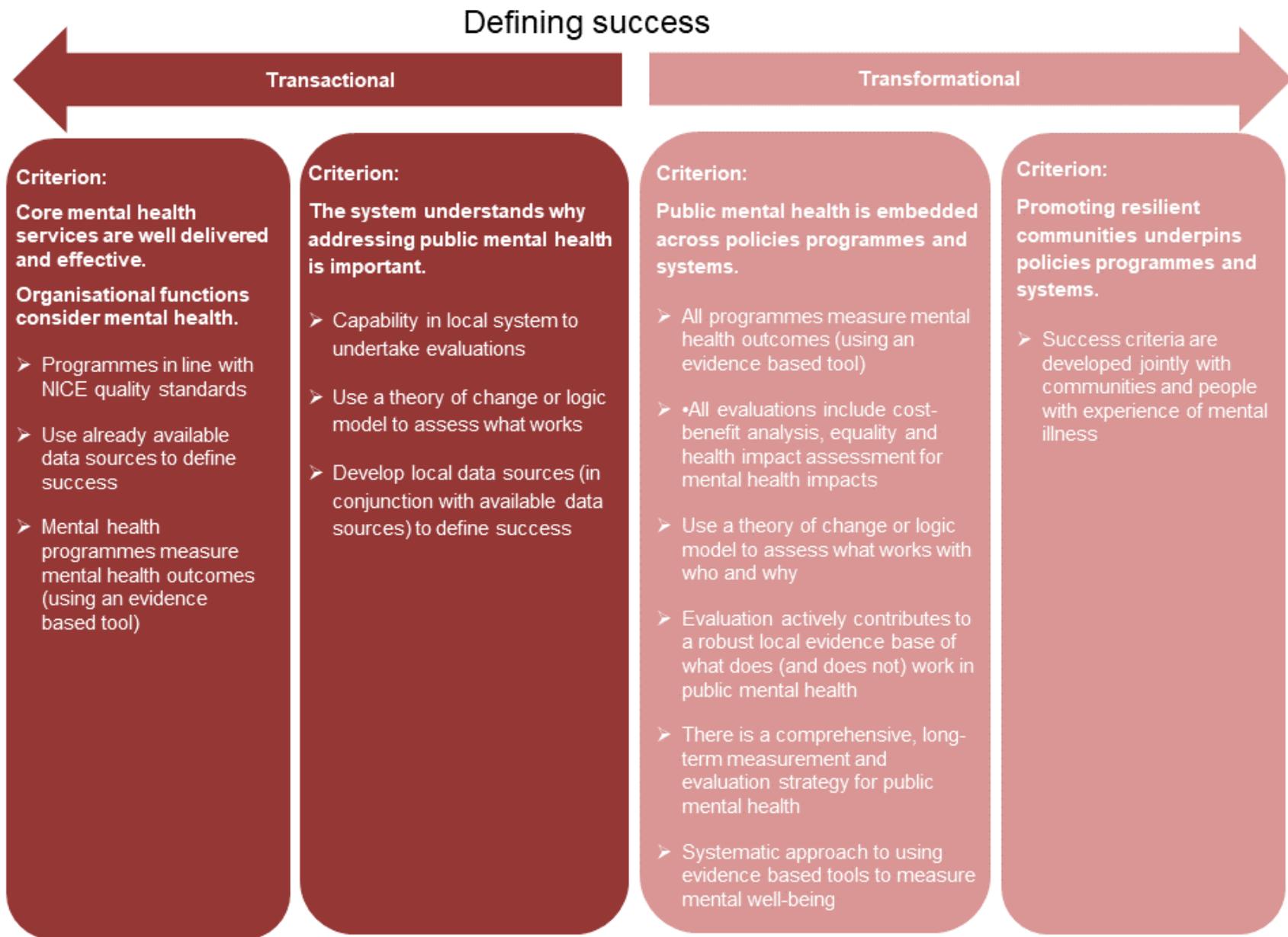
The following framework has been adapted from the ADPH framework for supporting quality improvement in public health. It could be used in sector led improvement work for public mental health. The framework captures the importance of performance data, quantitative and qualitative intelligence and makes a clear distinction between systems that are just transactional and those that are transformational.

Leadership and direction

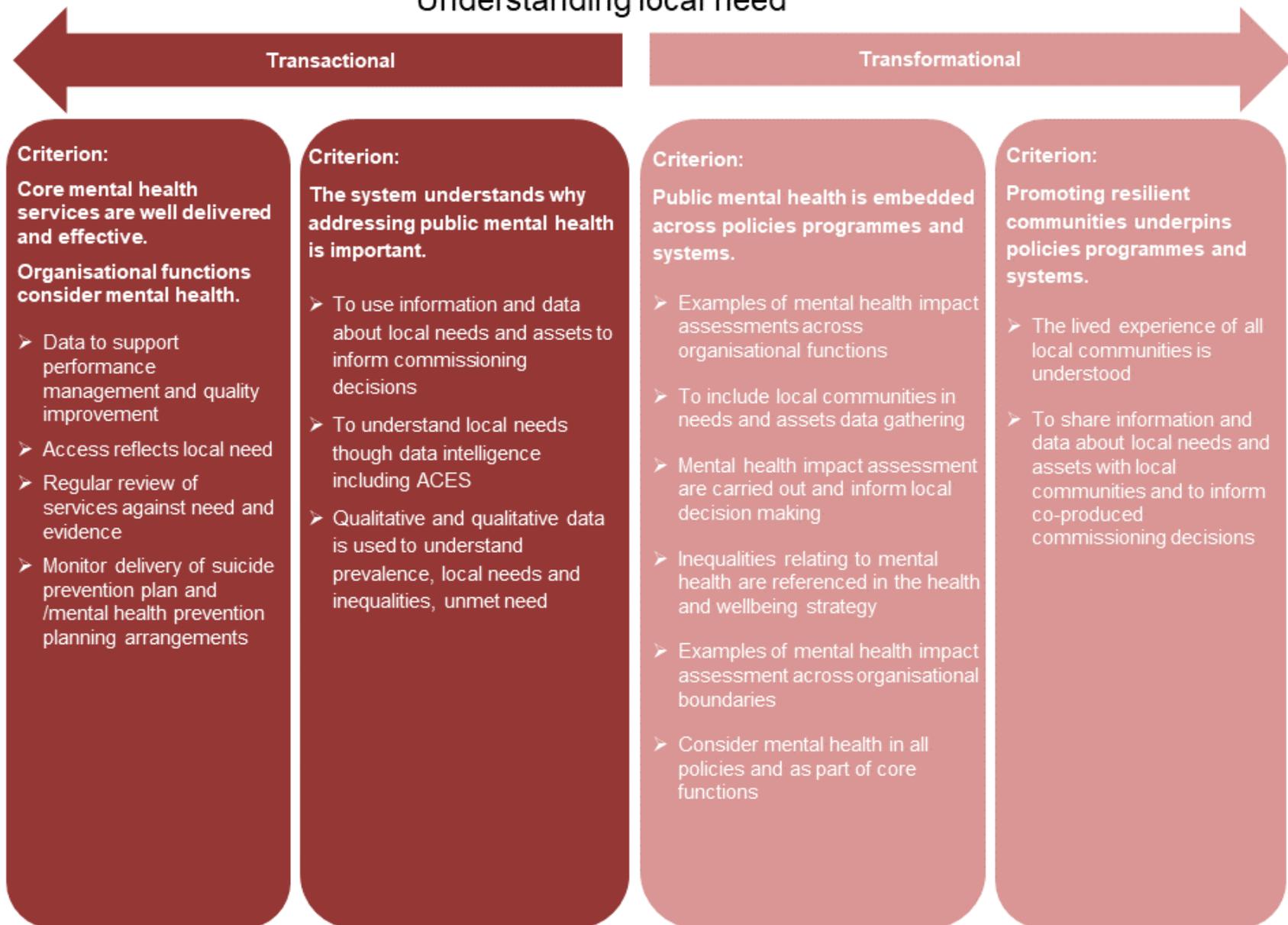


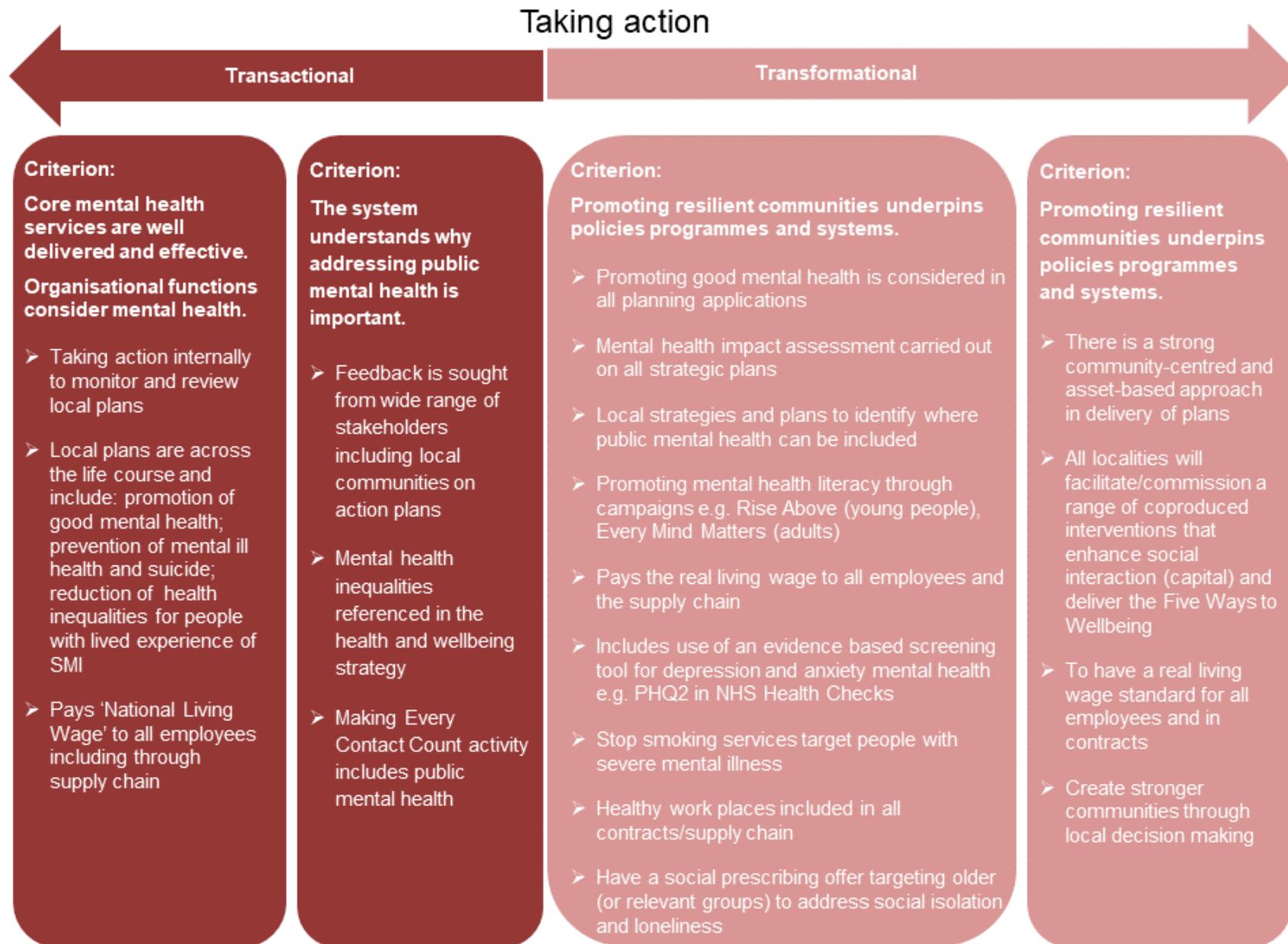
Partnership – working together





Understanding local need





National policies and strategies

- The [NHS Five Year Forward View for Mental Health](#) includes prevention, the [Prevention Concordat for Better Mental Health for All](#) and improving the physical health of people with mental health problems.
- The [Advancing our health: prevention in the 2020s Green Paper](#) highlights the importance of action to reduce risk factors as well as investing in the protective factors that can act as a strong foundation for good mental health throughout our lives
- [Future in Mind](#) and the [Transforming Children and Young People's Mental Health Green Paper](#) focuses on mental health promotion and preventing mental health problems. amongst children and young people.
- The [national suicide prevention strategy](#) for England and [local planning guidance](#) set out a blueprint for localities.

How will we know what we are doing is having an impact?

Every area will have identified themes to focus on and will want to measure impact. To measure impact there are a range of indicators to select from.

The [Public Health Outcomes Framework](#) includes a number of indicators relating to public mental health, including:

- Suicide rates
- Hospitalisation for self-harm
- Premature mortality rate of people with severe mental illness
- Employment of people with mental illness
- Suitable accommodation for people with mental illness
- Quality of life of older people
- Self-reported wellbeing
- School readiness
- Sickness absence
- Social connectedness

The PHE [Mental health intelligence network website](#) has a number of local intelligence tools, using PHOF indicators and data from other sources, including [examples of measures](#) that could be used locally.

The [PHE Fingertips tool](#) has useful data on the determinants of mental health.

The What Works Centre for Wellbeing has produced a local [wellbeing indicator set and local authority data file](#)

References to evidence to support the core principles

- [Public mental health: Evidence, practice and commissioning](#)
- [LGA: Being mindful of mental health - the role of local government in mental health and wellbeing](#)
- LGA: Mental health: how do you know your council is doing all it can to improve mental health
- [LGA: Suicide prevention: a guide for local authorities](#)
- [NICE guidance – Mental health and wellbeing](#)
- New Economics Foundation: Five Ways to Wellbeing
- [PHE A guide to community-centred approaches to health and wellbeing](#)
- [PHE: Improving the mental health of children and young people](#)
- [PHE: Prevention Concordat for Better Mental Health for All](#)
- [PHE: Public Mental Health Leadership and Workforce framework](#)
- [PHE Public Mental Health Profiles](#)
- PHE: Public Mental Health [JSNA toolkit](#) and [JSNA profile](#)

- [PHE Public Mental Health resource](#)
- [PHE: Suicide Prevention Planning](#)
- Stephenson-Farmer: [Thriving at Work](#) - employers' roles.
- [What Works Well Centre for Wellbeing - wellbeing indicator set and local authority data file](#)

DHSC references:

- [DHSC: Closing the Gap: Priorities for essential change in mental health](#)
- DHSC and DFE Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing
- [DHSC: No Health without Mental Health](#)
- HM Government: Advancing our health: prevention in the 2020s Green Paper

Appendix 1: Sector-led improvement self-assessment checklist

There are a range of different ways to assess current progress. The ADPH framework that we have already cited is one good example. This self-assessment checklist has been included as another example. It is based on the LGA document *Mental Health: How do you know your council is doing all it can to improve mental health?*

This checklist could be used to support a Sector Led Improvement approach

| Domain | To Do | RAG rating | Comments |
|-------------|---|------------|----------|
| As a Leader | Do you have a senior leader who is a mental health champion? | | |
| | Do you have effective accountability and governance structures in place? | | |
| | Do you have data and intelligence that supports performance management and quality improvement? | | |
| | Do you have a mental health impact assessment for all your strategic plans? | | |
| | Do you use Making Every Contact Count to promote mental wellbeing and prevent mental health problems? | | |
| | Do you have a partnership mental health strategy or strategies that include promoting positive mental health as well as treatment and support across the life course; and considers key transitions throughout the life course? | | |
| | Has your organisation signed the Prevention Concordat for Better Mental Health for All? | | |
| | Do you consider mental health inequalities in your assessment of local needs and assets; and associated plans and programmes of work? | | |
| | Do you have a system to monitor the delivery of your mental health strategy? | | |
| | Do you have a partnership suicide prevention board? | | |
| | Do you have a multi-agency suicide prevention plan? | | |
| | Do you have a system to monitor the delivery of your suicide prevention plan? | | |

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| | Do you consider mental health in all policies; and as part of your core functions including planning? | | |
| | Do you promote mental health literacy, e.g. through campaigns like Rise Above (young people) or Every Mind Matters (adults)? | | |
| | Have you reviewed your mental health and suicide prevention programmes at an appropriate Committee or Board? | | |
| | Do you pay all staff the “real living wage”? | | |
| As an employer | Do you include the “real living wage” in contracts/supply chain? | | |
| | Do you have a mental health and suicide prevention training programme for your staff including managers? | | |
| | Do your HR policies fully take account of public mental health? | | |
| | Do you have a staff wellbeing programme that considers public mental health? | | |
| | Do you have community and inpatient perinatal mental health services that meets local need? | | |
| As a commissioner | Do your mental health trusts deliver the “10 ways to improve safety”? | | |
| | Are public mental health programmes or services delivered in line with NICE quality standards? | | |
| | Do public health programmes measure public mental health outcomes? | | |
| | Do you regularly review mental health services? | | |
| | Do your mental health services meet local needs and recognise different needs in different communities including vulnerable groups? | | |
| | Do all contracts consider the real living wage, employment and volunteering of local people as part of social value? | | |
| | Do you have structures and systems that involve people with lived experience and local communities in the commissioning cycle? | | |
| | Do you include promotion of a healthy workplace in all relevant contracts? | | |

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|--|--|--|--|
| | Do stop smoking services target people with severe and enduring mental illness? | | |
| | <p>Do you have the following service/treatment pathways?</p> <ul style="list-style-type: none"> • Offender health pathway • Pathway between mental health and weight management • Pathway between mental health and substance misuse services | | |
| | Do you regularly review these pathways? | | |
| | Do you evaluate public mental health programmes and/or mental health elements of other public health programmes? | | |
| | Do you have joint commissioning arrangements in place? | | |
| | Do you use local needs and asset data to inform commissioning decisions? | | |
| | Do you understand the needs and assets of your local population, both through data analysis and listening to the views of the population you serve? | | |
| | NHS health checks includes a mental health screening tool? | | |