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

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 normal life stressors, can work productively and contribute to their community.

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] Between 2013 and 2018, the number of CAMHS referrals increased by 26.5% in England, and by 22% in Scotland.[8][9] In Wales, the number of CAMHS referrals to treatment doubled between April 2010 and July 2014.[10]

Focus on inequalities

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. 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.[11] BAME communities, refugees, people with learning and physical disabilities and LGBT people are also at increased risk of poor mental health.[12]

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.[13] 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.[14] The Prevention Concordat for Better Mental Health, to which ADPH is a signatory, was published in August 2017.

In 2018, 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 January 2019, the NHS Long Term Plan was published, which renewed the NHS's commitment to improve and widen access to mental health support and increase funding by at least £2.3bn a year by 2023/24. Following this, the Government published Advancing our health: prevention in the 2020s, which highlighted the importance of action to reduce risk factors such as adverse childhood events, violence, poverty, housing insecurity, social isolation and discrimination. It also emphasised the need for investment in the protective factors that provide a strong foundation for good mental health across the life course, such as strong attachments in childhood, access to green spaces, security of income and a strong set of social connections.

In 2019, the Samaritans and the University of Exeter, commissioned by ADPH and LGA with support from PHE, produced the report Local Suicide Prevention Planning in England. Following its publication, the Government pledged funding for the ADPH and LGA Sector Led Improvement (SLI) programme to support local authorities to strengthen their suicide prevention plans, under a range of measures aimed at improving support for mental health. Most recently ADPH and PHE published the What Good Looks like for Public Mental Health guide to facilitate and support quality improvement in public mental health outcomes in England.

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 Wellbeing 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.[15]

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.[16] 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.[17]

ADPH position

A whole system approach

Mental health is closely related to social determinants of health such as housing, employment, financial instability 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.[18] A whole system approach is needed which identifies opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages from preconception, during pregnancy, through childhood and adolescence, working and family building years, retirement and into older age. Such an approach requires cross-departmental action and partnership working across schools, the NHS, the police, housing associations, voluntary and community sector organisations and other key stakeholders, to address the broader determinants of good mental health. Local areas should be supported to adopt a place-based approach which works across the protective factors for mental health. These include high quality housing, financial stability (including employers paying living wages, getting all entitled benefits, debt reduction advice, etc.), good employment, training and education, green spaces & physical activity and increased social capital.

Funding

Public health funding in England has been substantially cut, with expected spending in 2019/20 £850 million lower in real terms than in 2015/16. With population growth factored in, £1 billion a year will be needed to restore funding to 2015/16 levels, according to analysis by the King's Fund and the Health Foundation.[19] 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 will 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 2019 we asked Directors of Public Health about recent and planned changes to services.[20] 11% of respondents had redesigned their mental health services within the last year and 29% planned to redesign them in the next three years.

Mental health support for women during and after pregnancy

Anxiety and depression during pregnancy are both under-diagnosed and under-treated. A 2014 report suggested that of 100 prevalent cases, only 40 are recognised, 24 treated, 10 treated adequately and three achieve remission.[21] 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.[22] 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.[23] Health visitors play a key role in supporting families and are the most common source of guidance for parents.[24] 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 14. Schools have a key role to play in both the prevention of mental ill-health and the support of young people affected by it.[25] 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. 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.[26] 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.[27] Furthermore, trauma informed practices should be embedded across schools to ensure that staff have the knowledge and skills to prevent and respond appropriately to adverse childhood experiences.

Mental health at university

A 2018 survey of Britain's university students found that one in five students have a current mental health diagnosis, and one in three experience a serious psychological issue for which they felt they needed professional help.[28] Lesbian, gay, bisexual and transgender (LGBT) students have a higher likelihood of mental health problems compared to heterosexual students (45% compared to 22%).[29] 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.[30]

Mental health support in the workplace

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.[31] A 2019 Business in the Community survey found that two in five (39%) employees had experienced poor mental health due to work in the past year. However, employees are generally uncomfortable talking about mental health and only 13% of managers had received specific training that focused on mental health. The survey further found that 41% of employees experiencing poor mental health reported that there had been no resulting changes or actions taken in the workplace, and 9% of those who disclosed a mental health problem were dismissed, demoted or disciplined.[32] 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. Supporting people with long-term health conditions, including mental health conditions, in and into work should be a priority for the Government.

Mental health in older age

Depression is the most common mental health problem among older adults; affecting 22% of men and 28% of women aged 65 years and older.[33] It has been estimated that 85% of older people with depression receive no help from the NHS.[34] While 50% of younger people are referred to mental health services, only 6% of older people are.[35] 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 risen slightly (from 9.2 in 2017 to 10.3 deaths per 100,000 people in 2018), as has the rate of suicide in Northern Ireland (16.0 in 2016 to 16.3 deaths per 100,000 in 2017).[40][41] The suicide rate in Scotland has remained the same across the period 2017 to 2018, with 13.9 deaths per 100,000 people. Suicide rates in Wales tend to fluctuate year to year because of smaller numbers, but there has been no apparent downward trend over time.[42] 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. The Spending Review next year must deliver a sustainable package for public health in local government. The Public Health Grant needs at least £1bn more a year to reverse years of cuts to public health funding.

- The Government should tackle the social determinants of health. Building wellbeing into policy decision making and funding allocation should be a cross-government priority, supported by a new 'health index' and better utilisation of existing ONS wellbeing statistics.
- 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.
- The Government should provide funding to ensure that localities are able to invest in community and asset-based activity to support wellbeing.
- 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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