



The Association of Directors of Public Health

ADPH Consultation Response: Mental health and wellbeing plan: discussion paper

The Association of Directors of Public Health (ADPH) is the membership body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. 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 ADPH welcomes the opportunity to provide written evidence to the DHSC consultation on the mental health and wellbeing plan. DsPH and public health teams within local authorities are well placed to support the implementation of the plan. They are important stakeholders in leading local preventative work, promoting good mental health in schools and conducting school health surveys, commissioning and advising services and leading suicide and self-harm prevention.

The submission below sets out ADPH's views informed by our members and [ADPH Policy Position Statement: Mental Health and Wellbeing](#).

Key messages

- 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 wider determinants of good mental health.
- The Government should tackle the social determinants of health such as housing, employment, financial instability and education. 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.
- Local areas should also 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.
- 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.

- There should be an explicit focus on addressing the health inequalities associated with poor mental health and wellbeing – this includes ensuring alignment with the Government’s forthcoming Health Disparities White Paper.
- The role of poverty in driving mental health problems must also be clearly addressed within the plan. Poverty and income inequality are toxic to mental health as acknowledged by NHS England’s new CORE20PLUS5 initiative which links deprivation (the most deprived 20%) to severe mental illness, one of the five conditions it seeks to address. ADPH would welcome the restoration of binding national targets to reduce child poverty.
- Action is needed at all levels of society to tackle the levels of stigma still attached to mental health problems, and to ensure parity of esteem between physical and mental health. Any new strategy needs to contain strategies for tackling this stigma and achieving parity of esteem. This includes promoting greater mental health literacy.

Consultation areas for consideration

How can we all promote positive mental wellbeing?

Question: How can we help people to improve their own wellbeing?

The discussion paper outlines the challenges which need to be addressed over the next 10 years to support and promote the nation’s wellbeing. The below section sets out some of the key aspects that will need to be considered to achieve this in relations to different groups.

- 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 (eg public transport, access to green space and active travel), 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.
- As a system, we need to define the outcomes we are looking to achieve and look at the social and behavioural aspects involved for different system partners (eg schools, the NHS, the police, housing associations, voluntary and community sector organisations). The beliefs, barriers and facilitators for each group will be different and therefore taking the time and having the resource to understand the problem will be key to effective intervention development.
- It is also important to understand the barriers and challenges people experience in terms of undertaking activity known to boost wellbeing eg ensuring young people have access to a wide range of physical activity opportunities that they can reach either by foot or easily by public transport, and that is low cost or free to engage with.
- The needs of the most disadvantaged, marginalised and disenfranchised need to be addressed to ensure the ‘levelling up’ of services that includes equality of access, equality of outcome. Such groups include those with protected characteristics and communities such as the Gypsy, Roma, and Traveller populations. Racial and other disparities not only have to be recognised but need to be addressed as set out in the Advanced Mental Health Equalities Strategy.

- Consistent messaging is needed at all life stages to highlight the evidence-based ways that people can improve their own wellbeing eg The Five Ways to Wellbeing. The core messages should be consistent, but the way in which the messaging is communicated needs to be tailored to different audiences in order to ensure all groups are engaged.

Infants, children and young people

- Everyone should feel empowered to take control of their health outcomes through promotion of preventative measures, everyone should have equal access to immunisation, screening, health checks and all aspects of healthcare, by ensuring people have a healthy start in life. This prevents ill health from preventable diseases which could lead to time out of school and missed opportunities. Empowering people to take care of their health will promote good mental wellbeing.
- Education about what works to improve wellbeing should start with parents and young children, and continue throughout childhood and adolescence, and into adulthood. Families should be equipped with the tools and strategies needed to thrive and to look after their mental health at challenging times. It is important that these are co-produced.
- Support should be made available for families at the earliest possible stages to ensure that emerging illness is treated effectively before worsening or becoming a crisis. Health visitors play a key role in supporting families and are the most common source of guidance for parents.¹
- Local areas should develop strong perinatal mental health partnerships. Alongside this, health professionals including GPs, midwives, health visitors and social workers should be trained to identify prenatal and perinatal maternal problems early, offer support and signpost.
- 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. However, workforce recruitment and retention remains a key challenge. It is important to look at this as part of a ten-year strategy.
- Schools also have a key 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 and wellbeing in primary and secondary schools and colleges is vital (and is explored further in the question below).

Adults

- 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 disciplined².
- Workplaces should adopt organisational approaches to promoting mental health and wellbeing in the workplace through good management, policies and interventions to prevent stress, depression and anxiety problems.
- 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.

- Frontline workers should be trained and should feel comfortable having open conversations with people about their wellbeing and knowing how and where to refer people to get support early.

Older adults

- Evidence is increasingly showing that interventions to tackle loneliness and isolation in older people can also be protective of both their physical and mental health. Group-based social participation interventions for example, were recommended by NICE in their guidance on promoting mental health and independence of older people.^{3 4}
- Older adults should be supported to maintain their independence by working closely with stakeholders such as the voluntary and community sector and social services. There should be an emphasis on building social connectedness within neighborhoods, especially for the most vulnerable, isolated or older people.
- Government 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 adults around health and wellbeing.

Question: Do you have any suggestions for how we can improve the population's wellbeing?

Please consider all settings and holistically: schools, employers, public services, voluntary and community sector and across life span as above.

- 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 wider 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.
- 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. Commissioners/service planners should also address health inequalities and cultural/behavioural influences on health choices such as the stigma associated with mental health.
- 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.

- 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 wellbeing⁵.
- 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. This includes promoting greater mental health literacy.
- More awareness raising of mental health and suicide prevention needs to take place in communities where there are high levels of stigma associated to these issues. Culturally appropriate messages should be deployed alongside community influencers. The messages must be in different formats, different languages, different methods, and channels to raise a more heightened awareness of mental health impacting on everyone.

Children and young people

- Schools have a key role to play in both the prevention of mental ill-health and the support of young people affected by it. 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.
- 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.
- It is positive that Relationship and Sex Education (RSE) has been strengthened in schools to ensure mental health and wellbeing, and some of the key aspects that impact on mental health and wellbeing, are covered. However, this could be further strengthened, and school staff often lack in confidence in terms of delivery of these subjects – free resources and training could benefit schools in delivering this curriculum meaningfully.
- 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 referral⁶.
- Programmes such as Safer Routes to School and Walk to School Week encourage our school population to use more active modes of transport to travel to and from school. Such programmes should continue to be supported.

Question: How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?

In order to support different sectors within local areas to work together, the following key aspects will need to be considered:

- A whole systems and life course approach should be implemented where care and support can be delivered through multiple pathways. The importance of multi-agency/partnership working

cannot be overemphasised as it creates momentum and aligns key strategies and work programmes together.

- Public Health should play a lead role in pulling the key partners together and combining efforts into achievable goals with strong and supportive leadership across partner organisations.
- All sectors need strong leaders who are committed to the mental health agenda – this ethos should be cascaded throughout the organisation including middle and junior management.
- Understanding partner’s motivations and strategic objectives will be key to facilitating greater partnership working. Publishing evidence of how prevention work can impact on services and health outcomes is always helpful for encouraging NHS and other health partners to see the value of prevention work and promoting wellbeing.
- Training should be provided to frontline professionals to teach them the importance of working together and how they each play a part in a person’s recovery. Training should support professionals to take a holistic approach, seeing the individual as a whole.
- Furthermore, research and data around wellbeing in under-represented groups would be valuable to help partners come together to address the key issues. This data and research, particularly in relation to children and young people, is currently very limited.

The establishment of Integrated Care Systems (ICS) also provides an opportunity to strengthen partnership working, prioritise prevention of mental ill health and address the gaps and inequalities in service provision. If ICSs are to make a significant impact on the health of the population, the following principles should be followed.

- Prevention must become a key, funded and mandatory part of the NHS and all ICS plans moving forward to ensure good health and wellbeing across the life course.
- Public health is an integral component of the integrated care systems (ICSs) and place-based partnerships. Local public health teams are ideally placed to work with and across the system to translate evidence into action to address the wider determinants of health and health inequalities.
- There needs to be better monitoring of spend on prevention and we would welcome a clear commitment from ICSs to increase spend on prevention (eg by 1% a year up to an aspirational target of 10-20%). There is scope for much greater devolution of funding, through place-based partnerships and Health and Wellbeing Boards (HWBs), to support place-based prevention activity.
- The ICS needs to allow for robust and complete data flows across organisational boundaries with the geographical granularity and timeliness to support local action and meet the needs of local users including local DsPH. Sharing local data effectively will help ensure the organisations involved in an ICS can take a targeted, data-led approach to designing and delivering services, identifying and reducing inequalities and improving population health.
- DsPH as local system leaders for public health must have strong links with public health people employed locally and regionally by the NHS. This will help to strengthen the response to health inequalities and prevention, enhance relationships for emergencies and avoid duplication.
- It is crucial that ICSs value and use the assets already in place in local communities. Rather than reinventing the wheel and seeking to find new solutions to long standing challenges, ICSs must recognise and build on the work of the voluntary sector and other local partners, including those beyond health and care. There should also be greater emphasis on HWBs as the basic building block within the ICS.
- There must also be greater consideration for how the NHS better embeds prevention and invests

in the education and training of its workforce.

How can we all prevent the onset of mental ill-health?

Question: What is the most important thing we need to address in order to reduce the numbers of people who experience mental ill-health?

The discussion paper outlines some of the challenges that will need to be addressed to reduce the number of the people who experience mental ill-health and develop mental health conditions, and to tackle disparities. This section sets out some of the key aspects that will need to be considered in relations to different groups to achieve this.

- Prevention is an essential element of this work and the role that Public Health and teams play within that is important in ensuring a whole population approach but also ensuring a focus on specific communities to reduce inequalities and wider determinants. The prevention agenda needs to be embedded within the whole system, that includes primary and secondary care and service pathway.
- Mental health is closely related to social determinants of health such as housing, employment, financial instability and education and these can often be intertwined. Action to address these wider determinants is therefore critical.
- The Government should tackle the social determinants of health and building wellbeing into policy decision making and funding allocation a cross-government priority, supported by a new 'health index' and better utilisation of existing ONS wellbeing statistics.
- The role of poverty in driving mental health problems must also be clearly addressed within the plan. Poverty and income inequality are toxic to mental health, a truth acknowledged by NHS England's new CORE20PLUS5 initiative which links deprivation (the most deprived 20%) to severe mental illness, one of the five conditions it seeks to address⁷.
- ADPH would welcome the restoration of binding national targets to reduce child poverty. Levels of child poverty should be routinely in order to assess progress and address gaps (for example between regions or localities). Reducing child poverty is likely to bring about a lasting improvement in mental and physical health, significantly reducing health disparities in the short-term as well as giving more children a good start in life for the long-term.
- 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 wider determinants of good mental health.
- A combination of population approaches and more targeted approaches focused on groups at a higher risk of developing mental illness eg children looked after, LGBTQ+ young people and young carers will also be important, ensuring that people know how to look after their wellbeing, have opportunities to discover healthy coping strategies that work well for them, feel comfortable talking about challenges they face and asking for help (through mental health literacy and anti-stigma work), and know where and how to ask for help if they need it.

Children and young people

- An upstream preventative approach should consider the impact of environmental risk factors on a child's mental wellbeing. There is ample evidence demonstrating that factors such as poor housing, poverty, unemployment and other parental stressors are directly related to mental health problems in children. Therefore, part of the solution to tackling poor mental health in young people, involves addressing the wider social determinants of health in children and their parents.
- Greater investment is needed in promoting good mental health and wellbeing in children and young people, as well as early identification and prompt intervention for those who need support with better services across education, social care, youth justice and health.
- A life course approach should be taken, which looks at the impact of a child's experiences and environment long before they start school. There is growing body of evidence demonstrating that Adverse Childhood Experiences (ACEs) such as having a parent with mental illness or substance abuse or experiencing neglect and abuse can predispose children to mental ill health in later life. Further action is therefore required to both prevent and reduce the impact of ACEs. This could include prevention through early year's services and health visitors, as well through the development of stronger perinatal mental health partnerships.
- Schools have a key role to play in both the prevention of mental ill-health and the support of young people affected by it. 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
- Mental health education should be a key part of training for all teachers. Training should emphasise the teacher's role in developing the foundations for the child of resilience, self-esteem and good communication skills. Mental health training should also be provided to all school nurses. The School Nursing Service can make key contributions to supporting positive mental wellbeing in school aged children, identifying those who are experiencing or at greater risk of developing mental health problems, and supporting and signposting students to access the appropriate support from wider services.

Question: Do you have ideas for how employers can support and protect the mental health of their employees?

- 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 problems⁸. A 2019 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 factor⁹.
- 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 work¹⁰.
- 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.

- Workplaces should adopt organisational approaches to promoting mental health and wellbeing in the workplace through good management, policies and interventions to prevent stress, depression and anxiety problems.
- It is important to ensure that the work of national government departments including DWP, BEIS, DHSC and OHID is joined at a national and regional level to provide greater co-ordination and facilitation in support of local areas, businesses, and business support.
- Greater efforts should be made across government departments to raise awareness of the support and services available to businesses, particularly SME to promote recruitment, increase retention, and support early returns to work for those with existing or new mental health problems.
- The Government should also consider introducing a single portal to make it easier for businesses and business support agencies to find and access the national and local support and services available ie Disability Confident, Access to Work, Thriving at Work and local workplace health programmes etc.

Question: What is the most important thing we need to address in order to prevent suicide?

- Suicide affects all types of people and communities and is linked to a wide variety of factors – depression, alcohol and drug misuse, unemployment, family and relationship problems, social isolation and loneliness.
- Preventing suicide is achievable. The delivery of a comprehensive strategy is effective in reducing deaths by suicide through interventions that build community resilience and target groups of people at heightened risk of suicide. Councillors, directors of public health and health and wellbeing boards have a central role. Their involvement is crucial in coordinating local suicide prevention efforts and ensuring every area's strategy is turning into action.
- Public Health has played a key leadership role in this agenda. It is essential that national government continues to support local areas to effectively implement their suicide prevention plans. Funding is a key element for both suicide prevention work and bereaved by suicide support which should be consistent and protected especially in the current climate where debt, financial hardship, and concerns about the standard of living are present in people's minds
- Strategies should consider specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers – these groups are identified as those where the suicide rate is high and there is a known statistically significant increased risk of death by suicide.
- Reducing access to the means of suicide is one of the most effective ways to prevent suicide. Actions could include working with retailers to control the sale of dangerous gases and liquids and working with media to restrict coverage of methods and sites associated with suicidal acts.
- Councils are well placed to prevent suicide because their work on public health addresses many of the risk factors, such as alcohol and drug misuse, and spans efforts to address wider determinants of health such as employment and housing. There are also important opportunities to reach local people who are not in contact with health services through online initiatives or working with the voluntary and community sector.
- However, councils cannot do this alone. A local suicide prevention plan combines actions by local authorities, mental health and health care services, primary care, community-based organisations and voluntary agencies, employers, schools, colleges and universities, the police, transport

services, prisons and others.

- 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.
- Ensuring all key partners are on board is key alongside ensuring that information sharing agreements are in place early on.
- Further consideration is also needed around the training available to frontline staff. Training should be joined up across the NHS, Public Health, voluntary sector, and other partners to ensure standards and consistency as well as an escalator approach from basic to intermediate to high level training for designated professionals.

How can we all intervene earlier when people need support with their mental health?

Question: What more can the NHS do to help people struggling with their mental health to access support early?

- The NHS should work closely with local public health teams to ensure prevention is built into pathways that help identify and support people at a very early stage.
- It is important to understand how people want to access support and develop programmes that align with their needs and behaviours. This includes ensuring services and support are culturally appropriate, gender friendly, and consider protected characteristics and people as they self-define.
- The NHS should build mental health education and training into all NHS professional training to increase understanding and enable all frontline staff to spot the signs of mental ill health more effectively.
- The wider determinants that contribute to poor mental health should not be considered separately while treating poor mental health. Employment and other softer needs of the individual should be considered.
- NHS services for example, could work more closely with the Department for Work and Pensions (DWP)/Jobcentre Plus to intervene earlier around retention and during job loss to reduce the immediate and future impact on individuals and burden on services. There are pockets of good practice where Jobcentre Plus have maintained close contact with IAPT services through the pandemic – these should be drawn upon.
- The funding and sustainability of VCSE mental health support is crucial where people are unable to access NHS services or do not meet (IAPT) treatment thresholds.

How can we all support people living with mental health conditions to live well?

Question: What do we (as a society) need to do or change to improve the lives of people living with mental health conditions?

Please consider the priorities of national and local government, wider public services such as social care and educational settings, and the private, community and voluntary sector.

Proposed changes include:

- Taking greater action to address the social determinants of health such as housing, employment, financial instability and education. To enable people to live a healthy life it is important that there is appropriate investment in the infrastructure necessary to facilitate this. Environments that encourage a healthy lifestyle with access to services through active and sustainable means of travelling are an important element of the toolkit to support good mental health.
- Addressing the stigma. This includes promoting greater mental health literacy and balancing the negative stories often seen in the media with case studies and realistic descriptions of illness alongside stories of recovery and/or how people effectively manage and cope with their illness. We also need to encourage more dialogue with community influencers like politicians, faith leaders and others to tackle stigma and discrimination on mental health.
- Providing flexible support for children and young people that considers their wider context (eg school, caring responsibilities). A range of support options should be offered including online face to face and telephone session. More robust education and training round self-help tools and strategies should also be offered between sessions.
- Providing regular mental health training within educational settings and community and voluntary sector.
- Ensuring a sustainable workforce. Training programmes and investment is needed to ensure there is sufficient workforce to provide treatment, shorten waiting lists, and enable children and young people to access support at an earlier stage of their illness.

Question: How can we support sectors to work together to improve the quality of life of people living with mental health conditions?

- All sectors need strong leaders who are committed to the mental health agenda. This ethos should be cascaded throughout the organisation including middle and junior management. It is also important that multi agency groups are working together to improve pathways, and to improve access for people with mental health conditions to education and provide community provision through training.
- The wider determinants that contribute to poor mental health should not be considered separately while treating poor mental health, equally a better understanding around the clustering of issues for those who have mental health conditions would inform partnership working across sectors. The current range of KPIs, targets and deliverables in NHS mental health delivery planning continue to perpetuate siloed working across sectors.
- It is important to ensure that the work of national government departments including DWP, BEIS, DHSC and OHID is joined at a national and regional level to provide greater co-ordination and facilitation in support of local areas, businesses, and business support.
- Opportunities also exist through the UK Shared Prosperity Fund to strengthen support and work across sectors through 'Community and Place', Supporting Local Businesses' and 'People and Skills'.

Question: What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter ‘no wrong door’ in their access to all relevant treatment and support? This includes people in contact with the criminal justice system.

- People with co-occurring conditions are at a heightened risk of developing serious and chronic health conditions, as well as at a heightened risk of experiencing social disadvantages, including homelessness and criminal justice contact. An individual’s substance misuse for example, should not be a barrier for someone being referred and supported for their mental health.

Actions that can be taken include ensuring:

- Consistent training for professionals across the system so everyone is clear on routes for support and referral processes. It is important to make every contact count, as well as recognise that a single service cannot provide the necessary treatment and support.
- Information sharing agreements are in place where appropriate
- Providers in alcohol and drug, mental health and other services have an open-door policy for individuals with co-occurring conditions. Treatment for any of the co-occurring conditions should be available through every contact point.

Next steps and implementation

Developing a national mental health plan

Question: What ‘values’ or ‘principles’ should underpin the plan as a whole?

Key principles underpinning the plan should include:

- **Whole system approach** – no single agency can be left to address this by themselves; it needs input from all sectors including voluntary, statutory, employer and faith – as well as local neighbourhood action.
- **Population wide and life course approach** – an evidence-based understanding of local need and interventions that target the whole population (including children and young people), populations at higher risk and people who need additional support (linking to wider work to support people in vulnerable circumstances).
- **Equality and fairness** – to ensure equitable provision and to reduce inequalities within wider society.
- **Build on existing arrangements** – for example, mental health programmes for young people, multi-agency suicide prevention partnerships and bereavement networks. Also building on existing local and national resources that promote wellbeing and healthy ageing.
- **Co-production with those with lived experience** - The importance of co-producing mental health projects, services and support should underpin the plan, ensuring that services meet the needs and preferences of children, young people, and their families.
- **Good communication both to professionals and to the public** - Particularly aimed at reassurance and building resilience. This involves having strong system links so that organisations are aware of what support and advice is available locally through the community hubs and Local Resilience Forums and nationally from Government and sector representative bodies¹¹.
- **Innovation** - currently there is limited evidence base in terms of what works to prevent and treat

mental illness, which leads to reliance on a limited number of treatment options which don't always meet the needs of all groups eg, Children with ASD. It is therefore important to trial and evaluate new treatment options.

Question: How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

- The ICS needs to allow for robust and complete data flows across organisational boundaries with the geographical granularity and timeliness to support local action and meet the needs of local users including local DsPH. Sharing local data effectively will help ensure the organisations involved in an ICS can take a targeted, data-led approach to designing and delivering services, identifying and reducing inequalities and improving population health.
- It would be useful to provide a list of quality assured and validated tools for measuring mental health and wellbeing (and related aspects of mental health and wellbeing such as body image, self-esteem etc), as well as recommendations for all agencies to use these to increase consistency of data collection tools used across agencies.
- There is a need for improved data collection on a range of specific groups including the minority ethnic groups, LGBTQ+, Homeless groups, Veterans, Carers and people with disabilities.
- The recording of ethnicity in suspected suicides and at Coroners inquests needs to be improved – this includes using a standard ethnicity data set, as often the terms are too broad to make any distinction or provide any meaningful insights. This will help to ensure that localities have the right demographic data and can develop services accordingly.

Association of Directors of Public Health

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¹ Institute of Health Visiting, [Why Early Intervention is crucial for health development of children between 0-5 years](#) (2015)

² Business in the Community, [Mental Health at Work Report](#) (2017)

³ NICE, Older people: independence and mental wellbeing. Nice Guideline [NG32]. London (2015)

⁴ McDaid D, Forsman A, Matosevic T, Park A-L, Wahlbeck K. Review 1: What are the most effective ways to improve or protect the mental wellbeing and/or independence of older people? London: LSE Enterprise, London School of Economics and Political Science (2015)

⁵ NHSE [NHS England » Social prescribing](#)

⁶ Children & Young People Now, [School nurses need better mental health training](#),

⁷ NHSE [Core20PLUS5 – An approach to reducing health inequalities](#)

⁸ PHE [Public Health England, Health and Work Infographics](#)

⁹ Business in the Community, [Mental Health at Work Report](#) (2017)

¹⁰ Business in the Community, [Mental Health at Work Report](#) (2017)

¹¹ LGA/ADPH [Public mental health and wellbeing and COVID-19 | Local Government Association](#) (2020)