



The Association of Directors of Public Health

Policy Position: Mental Health

Key Messages

- Poor mental health and wellbeing directly affects the UK economy as a result of its effects on the workforce, with reducing productivity and increasing sick days. Challenging economic circumstances and poverty also contribute significantly to poor mental health.
- Mental and physical health are interdependent and interrelated. Mental health and wellbeing is as fundamental to good health for the population as physical health and wellbeing.
- Health inequalities and mental health are closely linked and have been worsened by Covid-19.
- A whole system and a life course approach to prevention should be implemented in all nations.
- A healthy environment is crucial for promoting good mental health. It is crucial to ensure adequate green space, community facilities as well as safe and appropriate housing in local town planning.
- Resilience can be built throughout childhood with early intervention. Support should be provided through maternity and early years settings, schools, colleges, universities and the workplace.

ADPH Recommendations

National

Mental health strategy: Governments across the four nations should demonstrate their commitment to addressing health inequalities by publishing a health inequalities strategy on mental health and wellbeing.

Investment in public health must be increased across the four nations including funding specifically dedicated to public mental health and wellbeing initiatives. In England, the Public Health Grant needs £0.9 billion more a year to reverse years of funding cuts.¹

Prevention: National bodies should prioritise mental health prevention, early intervention and wellbeing.

Building wellbeing into policy decision making: At both national and local levels, Governments across the four nations should tackle the social determinants of mental health – building wellbeing into policy decision making and funding allocation should be a cross-government priority.

Town planning: Public health should be placed at the centre of planning policy. It is important to ensure that there is safe adequate green space and community facilities to promote mental health and wellbeing.

Training: Healthcare professionals and the wider workforce should be trained in mental health, especially in suicide and self-harm prevention, and be able to promote positive mental health and wellbeing and identify those experiencing or at risk of poor mental health.

Personal, Health, Social and Economic education (PSHE) should be mandatory in all schools. It should include an evidence-based, age-appropriate curriculum on mental health and wellbeing.

Local

All areas should prepare and adopt a Suicide Prevention Strategy according to their local context and challenges.

All providers and commissioners should work together for a whole systems and life course approach to mental health, using a common agreement such as the Prevention Concordat for Better Mental Health.

All commissioners/service planners should address health inequalities and cultural/behavioural influences on health choices. They should normalise discussing and help-seeking for poor mental health.

Local public health authorities¹ should lead by example by adopting Workplace Wellbeing Charters and implement cultural changes around mental health and wellbeing, in addition to working with their voluntary and community sector (VCS) and private sector partners to encourage them to do the same.

Local public health authorities should develop strong perinatal mental health partnerships that focus on parents' needs, prevention and early intervention, so as to give every child the best start in life.

Background

What are the current trends surrounding mental health in the four nations?

Mental health is more than the absence of mental illness. It is a state of wellbeing in which an individual realises their potential, can cope with normal life stressors, can work productively and contribute to their community.² Poor mental health is widespread, with one in six adults reporting a common mental health disorder, such as anxiety.³ These are often hidden, stigma is widespread and many people do not have access to support services they need. Poor mental health costs the UK economy approximately £117.9 billion annually, with 72% of the cost being attributed to lost productivity related to mental health issues.⁴ People with severe and enduring mental illnesses are at greater risk of poor physical health and reduced life expectancy compared to the general population.⁵ In both Wales and Scotland, studies indicate that those in the most deprived areas are more prone to depressive symptoms.^{6 7} Northern Ireland has the highest prevalence of mental health conditions in the UK, with a 25% higher prevalence than England.⁸

What was the impact of Covid-19 on mental health and wellbeing?

During Covid-19, there was a 10% rise in the number of people experiencing depressive symptoms. Health inequalities were also evident, as data shows that one in four adults living in the most deprived areas of England experienced some form of depression compared to one in eight in the least deprived areas.⁹

Younger people have been more affected, as education closures interrupted social connections and learning which created anxiety and loneliness. Women have also been more affected than men, as they had to provide most of the additional care due to school closures which led to extra stress. Some children experienced increased risk of family stress or abuse as they were made to stay at home. Violence against women and girls has also increased by around 45% in the first year of the pandemic.¹⁰

Policy Context

How are Governments across the four nations addressing mental health?

The Department of Health and Social Care (DHSC) originally planned to publish a Health Disparities White Paper. However, in 2023, the Government announced that it would replace the White Paper with a Major

¹ By local public health authorities we mean bodies with statutory local responsibility for public health functions (eg upper tier local authorities in England, Health Boards in Scotland and Wales, Public Health Service in Northern Ireland). These differ across the UK, Crown Dependencies, and associated territories. We have published a separate [headline explainer](#) on public health in each of these systems.

Conditions Strategy to tackle geographical differences in outcomes for conditions including mental health. Northern Ireland published its [ten year strategy](#) in 2021, which sets out 35 actions under three overarching themes (promoting mental wellbeing, providing the right support and new ways of working).¹¹ Scotland is halfway through its current [ten year plan](#) (2017-2027) and is releasing a new five year strategy in 2022.¹² Wales is also re-writing its strategy document, which will also run for a ten year cycle (2023-2033).¹³

How is the UK Government reforming the Mental Health Act 1983?

In 2018, Sir Simon Wesley published a report '[Modernising the Mental Health Act](#)' on behalf of DHSC.¹⁴ The recommendations featured in the report centred around 4 key areas: choice and autonomy, least restriction, therapeutic benefit and people as individuals.⁵ Following this report, the UK Government hosted a public consultation.¹⁵ This informed the Government's white paper '[Reforming the Mental Health Act](#)' in 2021. Following this, the UK Government published the '[Draft Mental Health Bill 2022](#)', which promised to modernise the Mental Health Act for the 21st century.¹⁶

How is the Government addressing mental health amongst young people?

In 2017, the Government published its Green Paper for '[Transforming children and young people's mental health](#)', which detailed proposals for expanding access to mental health care for children and young people in England and Wales.¹⁷ In 2021, the Government announced £79 million to boost mental health support for children and young people in England.¹⁸ The funding was introduced to increase the number of Mental Health Support Teams (MHSTs) in schools and colleges and to improve access to and reduce waiting times for community mental health support. In 2021, Wales published statutory guidance for schools on embedding whole school approaches for emotional and mental wellbeing.¹⁹

ADPH Position

A whole system approach and a life course approach to mental health

Mental health is closely related to social determinants of health such as housing, employment, financial stability and education and these factors often interact with each other. For example, employment conditions can have a huge impact on mental health, and equally poor mental health can significantly affect job performance.²⁰ A whole system approach is needed to minimise risk factors and enhance protective factors through evidence-based interventions at key life stages from preconception, through childhood and adolescence, working and family building years, into older age. Such an approach requires cross-departmental action and partnership working across schools, the NHS, the police, housing associations, VCS organisations and other key stakeholders. 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 and 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, specifically moving towards a wellbeing economy. Current strategies and approaches are too focused on managing existing mental health conditions, rather than promoting mental wellbeing and building personal resilience.

More public health funding to prevent mental illness and promote wellbeing

Investment in public health must be increased across the four nations. Public health needs to be funded sustainably and adequately in line with local population health need. In England local authorities' public health funding has suffered a 26% cut (in real terms on a per person basis) since 2015/16.²¹ Although DsPH have been acting to manage these cuts, they have reached the limit of available efficiencies. Cuts to public health funding will result in cuts to interventions that can prevent mental illness, reduce suicide rates and promote health and wellbeing throughout the life course. In our Public Health System Survey 2019 we asked DsPH about recent and planned changes to services. 11% of respondents had redesigned their mental health services within the last year and 29% planned to redesign them in the next three years.²²

Addressing health inequalities is vital to improve mental health and wellbeing

The more deprived communities are at greater risk for poor mental health. Therefore, there should be an explicit focus on addressing the health inequalities associated with poor mental health and wellbeing. 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.²³ ADPH would welcome the restoration of binding national targets to reduce child poverty.

Mental health support for women during and after pregnancy

Anxiety and depression during pregnancy are both under-diagnosed and under-treated. Recent systematic reviews report a prevalence of 15-20% for antenatal anxiety disorders, 10% for postnatal anxiety disorders and 17% for postnatal depression.²⁴ Maternal suicide is still the leading cause of direct, pregnancy-related death. It has been found that improvements in care might have made a difference in outcome for 67% of women who died by suicide.²⁵ Maternal ill-health can affect bonding and early childhood development. There is a large evidence base on associations between perinatal mental disorders and childhood adverse mental health outcomes, particularly for perinatal depression and antenatal alcohol misuse. Health and other professionals including GPs, midwives, health visitors and social workers should be able to identify conditions early, offer a level of support, and know when to refer on to specialists.

5-10% fathers experience perinatal depression and 5-15% experience perinatal anxiety. Perinatal mental health problems amongst fathers, stepparents, and other partners are less likely to be identified and supported. However, mental health problems in any caregiver are associated with adverse family outcomes.²⁶ Therefore, appropriate support should be provided.

Early years prevention to adverse childhood experiences

Poor social and emotional wellbeing in the early years can lead to attachment, behaviour, and developmental problems, and in later childhood they can develop into depression, anxiety and self-harm.²⁷ Health visitors play a key role in supporting families and are the most common source of guidance for parents.²⁸ All professionals working with children should be able to promote positive mental health in the early years as well as identifying children who are experiencing or at risk of experiencing mental health issues. Adverse childhood experiences (ACEs) 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.

Schools and colleges as platforms to promote positive mental health

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.²⁹ Personal, Social, Health and Economic

Education (PSHE) can help develop children’s character and their communication skills, helping children build resilience and educating them about mental and emotional health. Educational professionals should also safeguard and recognise the social determinants of health for pupils, understanding how these can lead to poor health and wellbeing. Furthermore, trauma informed practice should be embedded across schools to ensure that staff have the knowledge and skills to prevent and respond appropriately to ACEs. 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 condition is serious and needs referral. A whole system workforce plan and adequate funding are important to ensure the supply of school nurses and other child health professionals.

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.

Universities play a role in supporting student mental health

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.³⁰ LGBTQ+ students have a higher likelihood of experiencing mental health issues compared to heterosexual students (45% compared to 22%).³¹ Universities UK has provided best practice guidance for supporting good mental health in students for universities. Their recommendations include recognising the effect of culture, environment, and specific inequalities on mental health, seeking to transform the university into a healthy setting and empowering students and staff to take responsibility for their wellbeing.³²

Mental health support should be provided 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 conditions.³³ 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 mental health issues reported that there had been no resulting changes or actions taken in the workplace, and 9% of those who disclosed a mental health condition were dismissed, demoted, or disciplined.³⁴ Employers should create a positive working environment that promotes wellbeing and supports employees that may be struggling with mental health. Managers should receive training to support employees with mental health issues and employers should adopt initiatives such as the ‘Time to Change’ employer pledge. It should be a Government priority to support people with long-term health conditions, including mental health issues in the workplace. For those who are struggling to gain employment as a result of mental health issues, support should be provided to facilitate their attempts to gain employment.

Mental health conditions in older adults and the support they require

The world’s population is ageing rapidly – between 2015 to 2050, the proportion of the world’s older adults will account for 22% of the population, almost doubling from 12% prior to this period. Depression is the most common mental health condition among older adults; affecting 22% of men and 28% of women aged 65 years and older.³⁵ More than 20% of adults aged over 60 suffer from a mental or neurological disorder and account for approximately 25% of deaths from self-harm. Mental health conditions are often

overlooked and under-identified within the elderly population, and they are less likely to be referred to mental health services compared to younger people.³⁶ Drinking alcohol at harmful levels also impacts mental and physical health and is growing in prevalence amongst older people. Community support to assist older people with mental illness is vital, as are interventions to tackle loneliness and enhance resilience. Older adults should be supported to maintain their independence by working closely with stakeholders such as the VCS and social services. It is also important to increase referrals of older people with mental health issues into Increasing Access to Psychological Therapies (IAPT) services.

Measures should be taken to improve access to mental health treatment

It is estimated that 25% of people with mental health issues in England cannot 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 Approximately 26% of referrals to CAMHS were rejected in 2018-19, amounting to 133,000 children and young people despite an additional £1.4 billion committed from 2015-16 to 2020-21. Average waiting times for these services have improved, however on average a child still waited two months to begin treatment – double the Government’s four-week target.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 wellbeing 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 strategies and interventions need to be multi-disciplinary

The English suicide rate has risen slightly, as have the suicide rates in Wales as well as the rate of suicide in the most deprived areas of Northern Ireland, compared to the least deprived.^{40 41} The suicide rate in Scotland has decreased, compared to rates in 2020. However, those in the most deprived areas remain three times more likely to die by suicide, compared to the least deprived areas.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.

Local town planning to ensure adequate green space and community facilities

Environmental factors, such as home, work, and social lives, can have an impact on mental health. Studies have shown that spending time in nature can be beneficial for mental health conditions, such as anxiety and depression. Some self-report studies have found that exposure to natural light had a positive impact on those that suffer with seasonal affective disorder (SAD), a type of depression that affects people during particular seasons of the year.⁴³ It is therefore important to ensure that there are adequate green spaces and community facilities in local town planning. We believe that public health should be placed at the centre of planning policy to improve the population’s physical and mental wellbeing.

About ADPH

The Association of Directors of Public Health (ADPH) is the representative 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.

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