The Association of Directors of Public Health Consultation Response

Informing the mental health strategy for England

Objectives and Scope

This call for evidence will inform the development and implementation of a new cross-government mental health strategy for England. The cross-government mental health strategy is the next stage in the 10-Year Health Plan programme of reform. In addition to the evidence collected in this call for evidence, the mental health strategy will be informed by the independent review into prevalence and support for mental health conditions, ADHD, and autism.

This review, chaired by Professor Peter Fonagy, will make recommendations on how the Government can shift from a mental health system that responds late and through diagnosis, to one that responds earlier, more proportionately, and with improving participation in education and work in mind.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. We also work closely with a range of Government departments, including DHSC and UKHSA, as well as the four CMOs, NHS, devolved administrations, local authorities, and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national, and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

ADPH response

Hospital to community

Effective partnership working at a community level is essential for the provision of person-centred care. These partnerships address the broad range of factors which can influence a person's mental health recovery, such as:

- physical health
- employment
- housing

- addiction
- social care

The Government is piloting six community-based mental health centres across England to understand how services can better work together at a local level to improve people's outcomes. They would like to hear practical insights that support wider transformation of mental health care in communities.

The Government welcomes practical examples and evidence on how mental health services can work more effectively across:

- the wider NHS, including new neighbourhood health centres
- services to support people with co-occurring mental health and neurodevelopmental conditions
- different sectors, including education, employers, local authorities, and the voluntary, community and social enterprise (VCSE) sector

How can mental health services work more effectively across these areas?

ADPH response:

- A whole system approach is needed to minimise risk factors and enhance protective factors through evidence-based interventions across the life course.
- Such an approach requires cross-departmental action and partnership working across maternity and early years services, schools, universities, health and social care, the police, housing associations, the voluntary and community sector, and other key stakeholders.
- Mental health services should therefore work with these partners to not only identify and manage existing mental health conditions, but also to promote mental wellbeing and build personal resilience. For example, NHS health checks should embed a mental health screening tool to assess mental health and wellbeing.
- Wider social and environmental factors that impact mental health, such as poverty, should also be considered. To support this, mental health services should foster links with services such as housing, employment support, financial and welfare advice to support a more holistic approach to mental health and wellbeing. Social prescribing is an effective way to foster these links as it allows for mental health services to refer individuals to social prescribing link workers who can help them navigate the system.
- The importance of community cohesion and connectedness, including access to community spaces such as leisure centres, libraries, and safe green spaces should also be recognised in promoting positive mental health, and creating cross-sector pathways to these spaces, promoting accessible and supportive environments.

Analogue to digital

It's important that children and adults can benefit from the opportunities that digital technology can offer to boost mental health and wellbeing. However, this must be balanced with safety and protection from risks to mental health. DHSC understand that many people would like:

- more personalised, tailored mental health support available digitally
- digital tools to be neuroinclusive (accessible and effective for people with neurodevelopmental conditions)

A 2025 report from Mental Health UK stated that **people are also increasingly turning to AI chatbots** for mental health advice.

DHSC welcome evidence and innovative examples of how digital and AI tools can be safely used for adults and children to:

- improve mental health and wider societal outcomes
- support access to effective mental health support
- complement relational care

How can data be used more innovatively to improve mental health and wider societal outcomes?

ADPH response:

- Data is vital in supporting public health teams to understand and meet the needs of their local populations, with the need for robust and complete data and intelligence flow across organisational boundaries in a timely manner.
- There should therefore be a default assumption that key health data is shared and integrated across relevant organisations.
- As part of this, DsPH should have direct access to all data relating to the health of their local population including Patient Identifiable Data (PID).
- This data could then be used for predictive analysis, allowing local authority public health teams to combine data records to identify high-risk groups, or map against data on the wider determinants to identify people experiencing multiple disadvantage.
- Mental health data could also be improved through real-time monitoring, providing a more accurate picture of mental health trends, in real time.

Sickness to prevention

The incidence and severity of mental health conditions have risen in recent decades, with young adults in particular, now reporting substantially poorer mental health. Data from NHS England's Survey of mental health and wellbeing, England 2023 to 2024 stated that 25.8% of young people are estimated to have a common mental health condition, up from 17.5% in 2007.

Many of the solutions to mental health problems involve education, employment, housing, and participation in community life. Therefore, if prevention is to be effective, we need to think beyond the realms of clinical care and across the life course.

DHSC are especially interested in how they can identify distress earlier and support people to maintain participation in education and work. Preventative approaches include:

- primary prevention - stopping mental health problems before they start
- secondary prevention - supporting those at higher risk of experiencing mental health problems
- tertiary prevention - helping people living with mental health problems to stay well

DHSC encourage examples of good practice within and beyond the health system, including in work and education settings where people with a co-occurring mental health and neurodevelopmental condition may particularly benefit.

Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health?

ADPH response:

- Mental ill health costs England £300 billion a year.[i]
- The strategy should prioritise prevention, through a whole systems and health in all policies approach.
- For example, high levels of deprivation are linked to severe mental illness.[ii] ADPH has consistently called for cross-government action on health inequalities and for binding targets to reduce poverty. [iii]
- Children's mental health is also crucial, as poor social and emotional wellbeing in childhood can lead to poor mental health, with half of all mental illness beginning before the age of 14.[iv]
    - Professionals working with children therefore play a role through providing parental guidance, safeguarding children, promoting resilience, and identification and signposting. It is also important to ensure safeguards are put in place to protect young people online.
- Work can also be a cause of common mental health conditions[v], with one in five people of working age having a mental health condition.[vi]
    - Employers must create a positive environment, including providing training that promotes wellbeing and supports employees' mental health.
- Healthy environments promote good mental health. Adequate green spaces, community facilities, and safe and appropriate housing therefore must be embedded in local planning.
- The Strategy therefore needs to have cross-government buy-in and routes for accountability.

Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide?

ADPH response:

- There were 6,190 suicides registered in England and Wales in 2024[vii], with those living in the most deprived areas of England having a higher risk of suicide than those in the least deprived areas.[viii]
- The Strategy must enable suicide prevention at a national and local level, supporting local authorities to adopt a local Suicide Prevention Strategy according to their context. The Strategy must also prioritise suicide prevention targeted at groups, based on evidenced need.
- 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.
- Mandated training for health professionals such as GPs, midwives, health visitors, and social workers is also critical to identify conditions early, offer a level of support, and know when to refer on to specialists.
- Overall, the Government must support multi-disciplinary strategies and interventions, combining a range of integrated interventions that build individual and community resilience and target groups of people at heightened risk of suicide. To achieve this, appropriate resourcing for local suicide prevention initiatives must be provided.

Factors enabling good practice

Too often, we hear that services are hindered by administrative barriers that prevent innovative, integrated, and person-centred care. DHSC is interested in the underlying enablers of good practice around the country, and the role national government can play in creating the conditions for reformed models of mental health support. They are particularly interested to understand how access can be improved, for example through therapeutic support for certain groups, such as women and girls subject to violence and/or child sexual abuse.

What commissioning, funding and oversight or accountability arrangements (nationally and locally) best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning?

ADPH response:

- In England, LAs' public health funding has been cut by around a quarter (in real terms on a per person basis) over the last decade. Despite a welcome increase in the last two years, the grant is still not comparable to 2015/16 levels.
- Investment in public health must therefore be increased across the four nations, to support public mental health and wellbeing initiatives.
- Specifically, investment in preventative activity at grassroots and community levels would improve outcomes, with return on investment suggesting the most effective areas of focus are children and young people, perinatal mental health, and community wellbeing through an inequalities lens.
- This includes adequate resourcing for local suicide prevention and sustainable funding for the voluntary and community sector, with support available at place-based levels, bolstered by embedding lived experience into practice.
- Another opportunity would be to promote place-based mental health alliances, using learning from the modelling of Combatting Drugs Partnerships to deliver mental health outcomes.
- As part of this approach, there should be clear lines of accountability for key stakeholders including neighbourhood health, and health and wellbeing boards.

[i] Centre for Mental Health. *The economic and social costs on mental ill health.* Available from: https://www.centreformentalhealth.org.uk/publications/the-economic-and-social-costs-of-mental-ill-health/ [Accessed June 2026]

[ii] NHS England. *NHSE Core20PLUS5 – An approach to reducing health inequalities.* Available from: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/ [Accessed June 2026]

[iii] Association of Directors of Public Health. *What we say about… Health inequalities.* Available from: https://www.adph.org.uk/resources/what-we-say-about-health-inequalities/ [Accessed June 2026]

[iv] Office for Health Improvement and Disparities. *Wellbeing and mental health: Applying All Our Health*. Available from: https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health#fn:9. [Accessed June 2026]

[v] Public Health England. Health matters: health and work. Available from: https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work [Accessed June 2025].

[vi] NHS England Digital. *Chapter 1: Common mental health conditions.* Available from: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/common-mental-health-conditions [Accessed June 2026]