Public Health England

Protecting and improving the nation's health

# Public mental health leadership and workforce development framework

## Confidence, competence, commitment

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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# Contents

# Introduction

The purpose of this framework is to help develop public health leadership and workforce capability in mental health.

It identifies six key ambitions, as well as some core principles for the workforce. Each ambition outlines current priorities and suggests key competencies that we need to expand and grow if mental health is to genuinely be addressed with the same energy and given the same priority as physical health, recognising that it underpins our quality of life.

Awareness of mental health needs to be raised not just within public health and health care but also with other influential partners. This call to action asks all interested partners to take up the challenge: workforce planners or commissioners, professional bodies and colleges, providers of academic training and continuing professional development, as well as leaders, managers and staff.

The aim is to build the capacity and capability of a workforce that is confident, competent and committed to:

- promote good mental health across the population
- prevent mental illness and suicide
- improve the quality and length of life of people living with mental illness

These are the goals of the Public Health England (PHE) wellbeing and mental health programme, informed by the mental health strategy for England, ‘No health without mental health’ [1] and the World Health Organisation action plan.[2]The national strategy states that mental health is everyone’s business and calls for action across government departments and partner organisations.

# Why build capability in public mental health?

Investing in the workforce so it can help improve health and wellbeing across the whole population as well as for those with mental illness is our key priority. This requires a workforce that has:

- confidence – belief in its capability to improve mental health
- competence – the ability to apply knowledge, skills and values effectively in practice
- commitment – valuing the centrality of mental health to all health and social outcomes and commitment to improving it within everyday practice

Good mental health is essential to living a fulfilled life that has meaning and purpose, enjoying positive relationships and gaining a sense of control over our lives. Our mental health is shaped by our personal psychological resources, our physical health and by our wider social circumstances. See appendix 1 for further definitions.

To improve mental health, action is needed to strengthen individuals and communities and to remove any structural barriers that exist. Influenced by our social and material circumstances, mental health is the ability, and the opportunity or life chances we have, to feel good and function well. This is often referred to as capability.[3](See appendix 2.)

The capability approach is relevant when considering the opportunities that people with mental illness have to live longer and healthier lives. People with severe mental illness face a mortality rate[4] 3.6 times higher on average than that of the general population – and higher still in some parts of the country. The ability of the public health workforce to recognise and address mental health and physical health equally and holistically is key to stopping this, and to achieving ‘parity of esteem’.

## Policy context

The ‘No health without mental health’ implementation framework[5] sets out PHE’s commitment to the government’s mental health strategy. This includes our priority to help build capacity and capability across the wider and specialist public health workforce in understanding and integrating mental health and wellbeing into public health.

This commitment was reiterated in 'Closing the gap: priorities for essential change in mental health'.[6] It is also aligned to the public health and mental health policy outcomes as detailed in table 1 below (outcomes and competency framework).

This framework supports PHE's overall workforce development strategy[7] and goal of transforming public health, and our vision "for an expert, professional and flexible workforce that is committed to promoting and protecting the health of the population, building on the great foundation of the current workforce".

This framework also supports Health Education England's responsibilities in workforce planning, health education, training and development as set out in the Department of Health (DH) mandate.[8] This includes specific priorities on:

- treating mental and physical health conditions with equal priority: "staff awareness of the links between patients' mental and physical health"
- public health – specialist workforce, making every contact count in the wider workforce, life course approach, embedding public health capacity across the wider system, partnership working and promoting the mental health and wellbeing of the NHS workforce

PHE, through its overall workforce development strategy and programme priorities, has strategic links with Health Education England, NHS England, the Local Government Association and other key partners.

Appendix 6 provides an outcomes framework that links the national strategy outcomes with the public health outcomes framework indicators and the aims and ambitions of this framework.

## Current capacity

Many health and wellbeing boards are prioritising wellbeing and mental health. Some of these are explicitly addressing workforce development through joint health and wellbeing strategies. The national mental health strategy suggests that local public health services "commission or provide evidence-based mental health training for non-mental health professionals".[5] The commissioning and delivery of programmes is encouraging. However, there are few examples of large-scale coverage. Availability of staff training has been limited and capacity is unable to meet the growing demand from front-line workers.

There is a new opportunity for local education and training boards to provide and to improve the quality of education and training outcomes in this area.

Some specific continuing professional development (CPD) programmes for practitioners and the wider workforce have been very successful. For example, Mental health first aid,[9] STORM[10]

and ASIST[11] all enable staff to support people in distress or crisis. There are also several examples of locally developed training programmes that draw on evidence-based practice and local need. In-house delivery of training has often succeeded in reaching larger numbers of the workforce through a 'train the trainer' approach. For example, mental wellbeing impact assessment training for policy makers and service developers in London[12] and Connect 5[13] training programme for front-line workers in a helping role in Greater Manchester.

Professional colleges have an important role to play in building expertise. The resource Better Mental Health for All[14] from the Faculty of Public Health supports public health professionals in promoting mental health and preventing mental illness. There is also an online mental health network group for anyone with an interest in public mental health to facilitate exchange of ideas, knowledge and best practice. The Royal College of Psychiatrists, which has published a position statement on public mental health,[15] is developing a network of practice, policy and research. The Royal College of Paediatrics and Child Health has launched MindEd,[16] a new e-learning resource to help adults identify and understand children and young people with mental health issues.

## What gaps do we need to fill?

In developing this framework, PHE has engaged with local and national stakeholders across England through online consultation, advisory group workshops and various meetings. This has helped to identify and summarise the gaps and priorities. A list of contributors is available in appendix 3.

A short survey of local public health leads identified 70 senior staff across the country with responsibility for wellbeing and mental health. Around 80% are prioritising workforce development in their work, with the main priority to improve population mental wellbeing. Roughly half are commissioning or providing training to the local workforce and some have developed their own bespoke packages. While delivery is widespread, the scale and reach is limited. Significant numbers of the workforce working with at-risk populations are not being reached (PHE selectsurvey).

Many areas offer training in infant mental health and parenting support. However, accredited, accessible training for the wider workforce, especially in developing mental health promotion and resilience skills, is still not widely available.

There are academic courses at both undergraduate and postgraduate level for public health specialists and practitioners. However, our desktop study found that only 45% of undergraduate and 20% of postgraduate courses have a public health curriculum that clearly includes mental health.[17] Warwick Medical School[18] has an intensive short course on public mental health for masters students in public health and external professionals. The University of Central London has also recently developed a public mental health short course.[19] We need to increase the availability of such courses across the country.

# The workforce

For the purposes of this framework and in line with the public health workforce strategy,[7] the workforce is defined as:

1. Public health specialists – defined as those on the public health register[7]
2. Public health practitioners – those with a specific job or role in public health, eg, health improvement, health intelligence, health visitors, school nurses, health trainers
3. Public health wider workforce – those whose role makes a key contribution to public health, eg, teachers, early years workers, nurses, GPs, housing officers, psychiatrists, line-managers/ employers

The framework recognises that the above workforce work with people in different ways and levels:

- brief contact with individuals – many practitioners, such as A&E nurses or police officers, work with individuals and families through limited and occasional contact
- engagement with individuals – some practitioners in the public health and wider workforce have more regular contact with individuals and families, eg, health visitors or social workers
- engagement with groups/communities – some practitioners will be working with groups of people within a particular community or setting, eg, teachers, community workers
- meeting the needs of whole communities/organisations/populations – those serving whole communities and populations, eg, leaders, elected members and public health specialists;

## Others who contribute

Local advocates, champions, peer educators, parenting support volunteers and people in paid lay worker roles make a valuable contribution to public health. Health trainers have been effective in reducing health inequalities by engaging with people in the most deprived communities.[20] The skills and attributes that a lay worker brings are different to, not less than, those of professional experts.[21] A study funded by the National Institute of Health Research identifies the distinct competencies of the lay health worker: see appendix 4.

Volunteers and lay worker roles often provide the skills for the next level of workforce, with lay workers moving on to further training and jobs (see below). In the same way, lay worker roles are often sourced from good local volunteer programmes. As such, community-based approaches and volunteering are a foundation for building workforce capacity and capability, as well as being effective interventions for promoting mental health.

Through the Sheffield Community Champions Network (known as ‘Altogether Better’) one member set up a support group, volunteered on various health projects, trained as a community health champion, gained accredited group leader qualifications and a part-time job with a community forum. (Altogether Better Amazing Stories: Lisa Cox, www.altogetherbetter.org.uk/amazing-stories-collection)

# The ambitions

PHE has identified six overall ambitions for workforce development:

1. Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.
2. A public health specialist workforce that has expertise to lead mental health as a public health priority.
3. A local workforce working with communities to build healthy and resilient places.
4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it.
5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.
6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

Across all the ambitions, there are 12 core principles that describe the common knowledge, beliefs and skills the entire public health workforce, including leaders, will need.

**Table 1. Core principles for public mental health practice**

| Know | Believe | Act |
|---|---|---|
| 1. Know the nature and dimensions of mental health and mental illness. | 5. Understand your own mental health, what influences it, its impact on others and how you can improve it. | 9. Communicate effectively with children, young people and adults about mental health. |
| 2. Know the determinants at a structural, community and individual level. | 6. Appreciate that there is no health without mental health and the mind and body work as one system. | 10. Integrate mental health into your own area of work and address mental and physical health holistically. |
| 3. Know how mental health is a positive asset and resource to society | 7. Commitment to a life-course approach and investment in healthy early environments. | 11. Consider social inequalities in your work and act to reduce them and empower others to. |
| 4. Know what works to improve mental health and prevent mental illness within own area of work. | 8. Recognise and act to reduce discrimination against people experiencing mental illness. | 12. Support people who disclose lived experience of mental illness. |

For each ambition there is a brief rationale, a list of the priority workforce, the suggested competencies and the priorities for action. Existing national competence frameworks and standards are referenced where used or adapted. Appendix 5 and 7 provide summary tables of the workforce and all the competencies against the six ambitions. A list of sources of information acknowledged and recommended is in appendix 6.

## Ambition 1. Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.

Strengthening effective leadership for mental health is one of the four priorities in the World Health Organisation's Mental Health Action Plan 2013-2020.[2] Nurturing leaders as champions and change agents for new ways of thinking and working in public health is essential to sustaining good and equitable health for all. Public health in the 21st century requires understanding health as a positive sense of wellbeing related to how we feel and how we function. It also requires greater collaboration with communities, as creators of health and as empowered citizens advocating for health.

Our mental health is a valuable resource for achieving productive and thriving families, communities and organisations. Solutions are needed that enhance people's sense of control, resilience, inclusion and participation, address health and wellbeing holistically, strengthen social networks and community assets and respond to and reduce the barriers and negative impacts on people's mental health.

Strengthening system leadership for mental health and community wellbeing has been a recognised priority by many leading national organisations. In 2011 the NHS Confederation conducted research into local leaders perceptions of public mental health and wellbeing. The report[22] concluded that support was needed for emerging leaders of new organisations and bodies in order to develop partnerships and a shared understanding that support improvements in public mental health and wellbeing.

A national report into the role of local government in promoting wellbeing[23] called for local government to provide strategic leadership on wellbeing, via leaders that:

- see it as their responsibility to set an overarching vision for local wellbeing within environmental limits, and to implement mechanisms that provide strategic oversight of the wellbeing agenda
- develop an overarching wellbeing framework to guide council activity, with someone from the senior level of local government assuming responsibility
- allocate financial resources to strategies and programmes that work to promote wellbeing and prevent mental ill health
- advocate for the use of the wellbeing power and power of general competence and communicate their benefits to council staff at all levels

Personal awareness of mental health is important for all good leadership. This involves personal insight into how we feel, think, respond and engage with others, what motivates us and what strategies help maintain our resilience. Personal awareness helps build understanding and commitment to the centrality of mental health across society. This is a central element of the NHS Leadership Academy leadership model.[24]

Organisational leaders, executive and non-executive, have a vital role in demonstrating credible and visible commitment to workplace mental health and establishing organisational cultures that enhance employee wellbeing. PHE has backed the Workplace Wellbeing Charter standards[25] to support all workplaces to fulfil this commitment.

People who are advocates of improving mental health and reducing inequalities in mental illness provide important leadership and influence often without authority or being in a senior leadership position. Many public health managers, practitioners, academics, third sector workers and community members champion this agenda through their strategic work in an organisation or locality and through their passion, belief and motivation.

## Priority leaders:

- directors of public health
- directors of children's, adult and neighbourhood services
- chief executive and senior officers in local government
- PHE – national, regional, centre directors
- political leaders – in local and national government, elected representatives
- local mental health service system leaders – clinical commissioning group commissioners, CEOs, GPs, lay members, mental health service CEOs, senior staff and clinicians
- public health academics and professional bodies
- third sector, independent experts and advocates, including public champions and community leaders

## Key competencies:

In achieving this ambition, the core principles and the following key competencies are relevant:

| Key competencies of leaders: |
| --- |
| 1. Integrate mental health within all policy and take action to mitigate any negative impacts of policy on mental health (PH3)[26] |
| 2. Promote the value of mental health and the reduction of inequalities across settings and agencies (PH4L6)[27] |

3. Advocate for mental health (PH4L7)[28] and addressing mental illness as central to reducing inequalities and creating thriving communities and economies
4. Create organisations that nurture and sustain the mental health of employees

## Priorities:

1. For public health bodies and organisations to demonstrate leadership in the above competencies.

2. To support the development of the above competencies in current and future leaders, to lead for wellbeing, mental health and community assets as part of a 21st century public health system.

3. To develop a shared understanding across organisations on mental health within the public health (and wider) system.

4. To build capability in embedding mental health in all policy and programmes and taking action to mitigate potential negative impacts of policy on the public's mental health.

5. For local authorities to adopt the local authority mental health challenge and appoint an elected member champion for mental health. (See box below)

6. For leaders in organisations to understand the mental health of employees and to lead organisational development in a way that sustains good mental health.

7. To increase organisational commitment to the Workplace Wellbeing Charter and support businesses to gain achievement and excellence.

**Local authority mental health challenge**
This initiative is being led by six national mental health organisations[29] that have an ambition of a network of lead member champions across the country that will be pivotal to developing the role of councillors as leaders for mental health.

"In 2009 I was elected a Dorset county councillor and I wanted to focus on what was really important, particularly in the field of social care. I considered it important to share my experiences of mental anguish with others, to use my new influence to seek a better understanding of mental illness and to fight the stigma and discrimination that come with it. In 2010 I presented a paper to the Leader of Dorset County Council advocating the appointment of an elected member champion for mental health. I had his instant support, that of the cabinet, and subsequently the full council."
Councillor Michael Bevan

**New wave of public health thinking**
Public health leaders in the North West have worked with the International Futures Forum to develop system thinking and leadership for future public health, placing wellbeing central to reducing inequalities. The fifth wave of public health thinking focuses on bringing about a radical approach to living well, shifting from illness to wellness. A workbook and animation is available to energise other leaders in new wave thinking. http://phlive.org.uk/new-wave-in-public-health-improvement/
The chief medical officer has also opened up the debate on new wave thinking: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62341-7/abstract

## Ambition 2. A public health specialist workforce that has expertise to lead mental health as a public health priority.

The low life expectancy of people with mental illness and the health system's unequal attention given to mental health, compared to physical health, has led to DH's mandate on parity of esteem. As with other sectors, public health has been guilty of ignoring mental health as a key determinant of healthy life expectancy and in reducing health inequalities. PHE is taking action to embed mental health into all its programmes of work.

Building the public health specialist workforce is key to embedding mental health as a public health priority. This means investing in the current and future workforce to ensure staff are confident and competent in addressing mental health and mental illness as key determinants of physical health and health inequalities.

It is recognised that those providing strategic leadership for wellbeing and mental health within public health teams include consultants, specialists and senior public health managers. Public health leaders are key to developing the wider workforce by commissioning training and development programmes and by developing local partnerships.

Improving mental health intelligence is also a priority for PHE. This includes developing a workforce that is knowledgeable and skilled in understanding community mental health and wellbeing needs and assets, developing and using mental health information systems, analysing and interpreting data to inform public mental health outcomes, and commissioning effective services. PHE and NHS England are delivering a National Mental Health Intelligence Network[30] that will support the development and use of local joint strategic needs assessment to adequately address mental health and the public health outcomes framework adequately.

## Key workforce

Public health senior staff: managers, commissioners, specialists, consultants, directors

## Key competencies

In achieving this ambition, the core principles and the following key competencies, taken from the public health skills and knowledge framework[31] are relevant:

| Key competencies of public health consultants, specialists and senior leads |
|---|
| 1. Assess and describe the mental health and illness needs of specific populations and the inequities experienced by populations, communities and groups (PH1L7)[32] |
| 2. Translate findings about mental health and illness, and needs and assets, into appropriate recommendations for action, policy decisions and service commissioning/ delivery/ provision (PH1L8) [33] |
| 3. Influence political/ partnership decision making to maximize the application and use of evidence in achieving change (PH2L9)[34] |
| 4. Set strategic direction and vision for mental health and communicate it effectively to improve population health and wellbeing (PH4L9) [35] |
| 5. Advise strategic partners to determine priorities and outcomes to achieve improvements in quality and cost-effectiveness of treatments for mental illness and associated co-morbidities (PH9L9)[36] |

## Priorities

1. To have a senior lead within every local authority public health team with the necessary capacity and capability in mental health, including the above key competencies.

2. Local public health teams to build workforce capacity and capability in public health practitioners and providers to deliver sustainable improvements in mental health promotion, mental illness and suicide prevention and improving the life expectancy of people living with and recovering from mental illness.

3. To build commitment and capability across the whole public health system, nationally and locally, to:
    a. address mental health as a key determinant of morbidity and mortality
    b. increase life expectancy of people with mental illness as a priority for reducing health inequalities and achieving parity of esteem

4. To build capability in mental health intelligence, specifically to:

   a. increase knowledge of mental illness and mental health amongst public health analysts and capability in producing joint strategic needs assessments based on mental health and illness needs and assets.
   b. improve the use of mental health outcome measurement and analysis by public health specialists, practitioners and the wider workforce in assessing local interventions
   c. develop coherent and comprehensive systems of surveillance and assessment of mental health outcomes within services and across the population

5. To ensure the public health competence framework adequately reflects the knowledge and competence to address mental health and mental illness as public health priorities.

6. To ensure the curricula and formal academic training of the public health workforce adequately addresses mental health and mental illness as public health priorities.

7. Local public health professionals responsible for mental health should have their continuing professional development needs met in relation to their roles as experts and leaders of change in mental health. This includes through:
   a. leadership development – to strengthen political awareness, influencing and advocacy roles of public mental health leads
   b. networking, peer support and coaching, sharing of best practice and collaboration across localities

**Public mental health and wellbeing: measurements, determinants and promotion:** a 30-hour intensive course spread over six days at University of Warwick aimed at professionals with an interest in public mental health. Includes epidemiology, definitions, measurement, risk and protective factors, evidence based interventions, evaluation and policy. www2.warwick.ac.uk/fac/med/study/cpd/module_index/md941

The **London-wide public mental health network** has successfully brought together public mental health professionals across London for many years in a supportive space to learn, share, develop and influence. It has produced joint publications and programmes with London-wide and national partners. www.health.org.uk/areas-of-work/programmes/supporting-networks/

## Ambition 3. A local workforce working with communities to build healthy and resilient places

Strengthening communities is a key objective for mental health promotion and improving the quality of life of people with mental illness. Our mental health is significantly influenced by social conditions. For example, our sense of belonging to our community, the relationships and support we have around us, the neighbourliness and reciprocity we experience, as well as feeling safe within and outside of our home are crucial. Inclusion, equality and respect are key to our satisfaction with the local area as a place to live and our ability to have a say, be heard in and contribute to our communities.

'Place' and public empowerment, especially of the most disadvantaged, are becoming more significant in public health evidence and interventions to address health inequalities and social determinants. Healthy and resilient communities are central to health protection, as outlined in PHE's sustainable development strategy.[37] Equally, it supports the provision of personalised care and support.[38].Public health teams' move to local authorities has also brought public health practice closer to neighbourhood working and local democracy. The WHO European review of social determinants[39] recommends strengthening the capabilities and assets of communities to support empowerment.

It is therefore a priority to equip the public health workforce with the knowledge, skills and competence to address community-level factors. This involves working closely with the voluntary and community sector and valuing their expertise in working with communities. NICE guidance[40] on community engagement recommends developing staff knowledge and skills in community engagement, community leadership, communication and negotiation, participatory research and evaluation. It also recommends asset-based working.

PHE is working with NHS England and partners to increase the understanding of community-centred approaches to improving health and wellbeing. O'Leary et al[41] provide a useful 'anatomy of an appreciating assets worker', recognising the range of professional skills, values and behaviours required.

### Key workforce

- community health workers, public health/health promotion/health improvement practitioners, health visitors, health trainers, health champions
- eople working with communities in a range of sectors including social care, police and crime prevention, housing, neighbourhood development, education and learning

## Key competencies

In achieving this ambition, the core principles and the following key competencies are relevant:

| Key competencies for working with communities: |
|---|
| 1. Identify the existing resources and strengths within a community and the expertise within the voluntary and community sector |
| 2. Offer appropriate support to change, development and capacity building in the community, based on asset approaches (PHS17)[42] |
| 3. Enable communities to develop their capacity to advocate for mental health (PHS18)[43] |
| 4. Engage, empower and work alongside volunteers, lay workers, community leaders and community members, especially the most marginalised and excluded |

## Priorities

1. To improve access to evidence and knowledge of practice in working with communities.

2. To have local community development infrastructures, especially in the most disadvantaged communities, co-ordinated between different workforces and agencies and with local citizens.

3. To develop best practice and workforce competence in asset-based approaches to working with communities and community development.

4. To strengthen the role of health trainers, health champions and lay workers as a key workforce to working with communities and reducing health inequalities.

5. To strengthen the role of health visitors and other community public health nurses in working with communities through the building community capacity (BCC) professional development programme (see box below).

6. For the health and social care services to value the role of people with lived experience and work with community groups as valuable assets to support health promotion, self care, recovery and condition management, eg, recovery capital and understanding of mutual aid groups for addiction

7. To develop the evidence and evidence-based practice on ways the workforce can contribute to building social connections, resilient relationships and reduce isolation within communities.

8. To strengthen the role and competence of housing and neighbourhood workers to improve community wellbeing and social capital.

9. For the public health knowledge and intelligence workforce to strengthen the voice of communities and citizens in public health evidence and intelligence.

Building community capacity (BCC) is a professional development package for health visitors, which combines learning through education materials and a significant level of practical application in the workplace and local community. The BCC programme can be accessed online. However, the complexities of the HV role mean that BCC is more than just an e-learning package. It incorporates regular reflection on work practice as well as input from a workplace adviser. It is now part of e-learning for health programmes. www.e-lfh.org.uk/programmes/building-community-capacity/

**Blackburn with Darwen** Borough Council, working with the consortia of community and voluntary sector groups and Forever Manchester, is building the capacity of local front-line workers, commissioners and organisations in working with communities using asset-based approaches. It is evaluating the impact and outcomes of the training, alongside asset-based service and strategy development.

## Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it

Many practitioners have expressed the need to better support front-line staff in improving the mental health and resilience of the individuals, families and communities they work with, especially those facing multiple disadvantage and stressful circumstances. This includes supporting accessing to practical skills and support that tackle the root causes such as financial management or debt advice.

A report by Mind and the Mental Health Foundation on 'Building resilient communities: making every contact count for public mental health'[44] made recommendations to:

- provide training on mental health, wellbeing and resilience to all frontline staff as well as community groups, faith groups and service providers. Where appropriate this training should be delivered by other local organisations
- ensure that frontline staff across the community understand the importance of making 'every contact count' for wellbeing
- support local providers to evaluate the wellbeing impacts of their services using the mental wellbeing impact assessment tool

The ‘making every contact count’ programme seeks to up-skill the workforce to make every patient contact a health promoting opportunity. Several localities have started to pilot brief mental health brief interventions or incorporated them into practice, eg, within brief interventions tackling alcohol abuse. NICE guidance[45] on training behaviour change practitioners recommends increasing understanding of the psychological and social factors that affect behaviour change and adopting a person-centred approach.

Many staff only have a short amount of time in which to talk about health and wellbeing. However, those working long-term with families, children and young people can build a relationship promoting mental health in a way that is effective and sustainable. The All-Party Parliamentary Group for Wellbeing Economics recently recommended training health and education professionals in mindfulness to develop resilience-building skills.[46]

There is also a need to up-skill the workforce caring for pregnant women and babies so they can communicate to both parents the role that their own emotional health and parenting skills play in their baby’s development and future health, provide basic level support for parents and parenting, and recognise the need for more comprehensive help as necessary.

Employers can make a significant impact on the health and wellbeing of their staff: working practices, procedures, policies and the environment all contribute. Protective factors include job control, job stability, effort-reward balance, flexible working and good line management. NICE guidance[47] recommends “increasing awareness of how management style and practice can help promote mental wellbeing”.

Empowering staff to empower people is key. Many staff lack the confidence to discuss mental health, or feel it would lead to a focus on problems they don’t have the time or skills to address. Using a solution-focussed framework to guide discussion and personal action on staying mentally healthy is a positive, practical and sustainable intervention. The Connect 5 programme (see box below) uses a ‘five-areas’ tool to help people develop the skills to manage their personal mental wellbeing. [Some people will be experiencing distress and suicidal thoughts, and this is covered in the next ambition below]

## Priority workforce

- health and social sector: primary, community and secondary care staff (eg, GPs, health visitors, midwives), social workers, family workers, parenting practitioners, health trainers, health improvement, pharmacists, alcohol and drugs workers
- education sector: teachers, pastoral and welfare, school nurses
- community services: probation, police, youth workers, faith, leisure, community and third sector

- employment and welfare sector: job centres, work programme providers, occupational health, line managers, benefit and welfare advisors, and housing support staff

## Key competencies

In achieving this ambition, the core principles, especially the ability to communicate with people about mental health, and the following key competencies are relevant:

| Key competencies of practitioners to improve mental health: |
|---|
| 1. Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it (HT2)[48] |
| 2. Use appropriate tools and approaches that support people to build their skills and confidence in staying mentally healthy |
| 3. Help people to develop and implement* a personal or family action plan to improve their mental health (HT3)[49] |
| 4. Enable people to get hold of up to date appropriate information and advice when they need it (HT2)[45] and access opportunities in their community |

*especially for extended interventions, to support people in implementing action

## Priorities

1. Develop appropriate skill-based mental health promotion training, including the above competencies, and roll-out to frontline staff to improve mental health within their day to day practice.

2. Develop and test out appropriate mental health brief intervention models and approaches:
    a. establish mental health within ‘making every contact count’
    b. integrate with existing brief intervention programmes, eg, AUDIT
    c. support adoption and uptake within local programmes and care pathways

3. Produce guidance for commissioning and evaluating mental health workforce development for the wider public health workforce.

4. Support the inclusion of the above competencies and up-to-date evidence-based mental health practice within core frontline worker curricula, continuing professional development and professional guidance, eg, nursing, social care, allied health professionals, teaching, youth and community work, alcohol and drug workers.

5. Support adoption of the Skills for Care core principles on mental health and wellbeing by the social care workforce.

6. Include mental health as a core component of the specialist community public health nurse training.

7. Establish infant and parental mental health and wellbeing and parenting support as an integral part of antenatal and postnatal care professional training, eg, midwifery, health visiting.

8. Increase school nursing capacity to deliver emotional health and wellbeing support, build resilience and engage more children and young people through appropriate services and use of new technologies.

9. Encourage employers to improve workplace wellbeing by adopting existing good practice guidance and frameworks, such as the Public Health Responsibility Deal Health at Work pledge[50], Health and Safety Executive management standards[51], Faculty of Occupational Medicine standards[52], NICE workplace guidance[53], Workplace Wellbeing Charter,[54] Business in the Community workwell campaign.[55]

10. Embed workplace wellbeing in the work of relevant professional bodies, eg, Chartered Institute of Personnel and Development (CiPD), Association of Occupational Nurse Practitioners, and business schools providing management and leadership training.

**Raising awareness**
A one-hour PowerPoint training resource for all front-line staff and volunteers sets out the key knowledge areas and practical steps to promote wellbeing, build resilience and help prevent mental health problems.
www.mind.org.uk/about-us/policies-issues/public-health/
Produced by Mind and the Mental Health Foundation on behalf of the Mental Health Strategic Partnership. Also available are a:
– briefing document for public health teams
– practical guide for community groups and service providers

**Brief intervention**
Connect 5 is a brief intervention training programme for front-line staff. It uses practical cognitive-behaviour therapy based tools to equip staff with the confidence and skills to talk to people about mental health and wellbeing. It promotes self-help and focuses on appreciation of individual experience rather than diagnostic categories. Training is available in three stages, from a half-day to additional two days for those offering extended interventions.

The training programme has been made freely available by Stockport, Manchester and Bolton for non-commercial use by local experienced trainers giving on-going support to their workforce. The training has also been adapted to train general practitioners in addressing the psychological **aspects of consultations.**

Further information is at http://goodhealth-manchester.nhs.uk/mphds/mental-health/mental-health-training.html
Email: elysabeth.williams@stockport.gov.uk

**Professional guidance**
Skills for Care as the workforce development body for adult social care produces guidance for its workforce. New guidance on 'Common core principles to support good mental health and wellbeing in social care' provide ten principles to enable workforce development for any member of staff working in social care. The competencies in this document are reflected in the principles, especially on 'Understanding the importance of good mental health and wellbeing and having good knowledge of how to promote these with people who need care and support'.
www.skillsforcare.org.uk/Skills/Skills.aspx

**Mental health promotion in care pathways**
Embedding mental health promotion into care pathways has been adopted for stroke services following a national drive for improvement in psychological care and support for people following a stroke, and their families. The national guidance reflects the competencies here for active listening, goal setting and signposting.

Available through NICE http://www.skillsforcare.org.uk/Skills/Skills.aspx

## Ambition 5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.

Early intervention requires intervening early in the life course. The majority of mental illness starts before people are aged 15 (50%), and 75% by age 18. There are many opportunities for workers in formal and informal settings to identify signs and intervene appropriately.

Prevention requires action on the determinants of mental illness at a structural, community and individual level and it is important to be aware of good practice at all levels. In working with families and individuals at risk, professionals need to be alert to the risk factors and early signs of illness. Staff need to have the appropriate language and skills to help people address the causal, social factors and reduce and manage early signs and symptoms. There is also a need for greater awareness of the profound impact parental mental illness can have on children's emotional and social development.

The chief medical officer's report 2012 on child health recommends action on wellbeing, resilience and mental health problems, including improved training and competence of the workforce, in particular the early years workforce, schools nurses and the mental health service workforce.

The suicide prevention strategy for England[58] specifically includes action for building staff capability in responding to the higher rates of mental distress, suicidal behaviour and thoughts, and self harm among lesbian, gay, bisexual and transgender people, those bereaved by suicide, those at risk because of unemployment, debt, social isolation, family breakdown, abuse or violence, long-term health conditions, ethnicity and veterans of the armed forces.

Among adults, the workplace is a key setting for identifying and reducing stress, if line managers and occupational health staff have the right skills.[1] Organisations need to ensure their managers are competent to deliver their duty of care to staff and meet legal requirements related to the Equality Act[56] and health and safety legislation.[57] Employers meeting these responsibilities gain added benefits related to improved productivity and engagement, and reduced sickness absence and presenteeism (attending work when sick).

To help prevent mental illness and suicide we need to train a wide range of non-mental health professionals to deliver simple, non-specialist, effective and brief interventions as well as referring people to other services when needed. Skill-based training is vital. Mental health first aid[9] uses a five-step model to help someone who may be developing a mental health problem. STORM[10] uses solution-focussed skill-based training to work with individuals who are thinking about suicide or may be self-harming.

## Priority workforce

- health and social sector: health improvement practitioners, pharmacists, primary, community and secondary care staff, eg, health visitors, midwives, school nurses, alcohol and drugs workers, social care, parenting support and family workers, and health trainers
- education sector: early years staff, teachers, pastoral and welfare
- community services: police, probation, youth workers, faith, leisure, community and third sector
- employment and welfare sector: job centres, work programme providers, occupational health, line managers, benefit, finance and welfare advisors, and housing support staff

## Key competencies

In achieving this ambition, the core principles, especially the ability to communicate with people about mental wellbeing, and the following key competencies are relevant:

Key competencies of practitioners to prevent mental distress and suicide:

1. Recognise when someone may be experiencing mental distress, including self-harm and suicidal thoughts and intentions
2. Judge risks and follow appropriate procedures and guidelines
3. Apply an early intervention or suicide intervention model
4. Link people to appropriate sources of support, to address psychological need and social causal factors

## Priorities

1. Gain widespread coverage of prevention training for priority frontline staff working with people at risk of distress and mental illness including vulnerable groups.

2. Gain widespread coverage throughout the regions of suicide prevention training for priority frontline staff working with people at risk of suicide, in line with the suicide prevention strategy[58].

3. Support the inclusion of the above competencies and up-to-date evidence-based practice within priority frontline worker curricula, continuing professional development and professional guidance.

4. Build capability in the children and young people's workforce through uptake of the MindEd e-programme within localities.

5. Encourage employers to adopt line mangers guidance to support people in the workplace experiencing distress, eg, Mindful Employers,[59] Time to Change[60].

6. Ensure adequate local professional support and liaison services for front-line workers providing early intervention and support to people experiencing mental distress.

7. Build capability and practice in addressing the social and causal factors of distress among those at risk, including referring to social and practical support, eg, people experiencing domestic violence, unemployment, debt, homelessness and loneliness.

**Mental health first aid (MHFA)** teaches people how to identify, understand and help someone who may be experiencing a mental health problem. It is used by a wide range of professionals in England and internationally. The standard MHFA training course takes place over two days, or a shorter introductory session can be delivered in three hours. Specific courses have also been designed for armed forces. Instructors must complete a seven-day course. Over 700 instructors have been trained in England and MHFA has been delivered to over 70,000 people in the UK.
www.mhfaengland.org

**ASIST** is applied suicide intervention skills training. It offers practical help to enable caregivers to recognise and intervene to prevent the immediate risk of suicide at the time of a crisis. The training is delivered over a two-day course and the training for trainers is an additional five-day practice-orientated course. **safeTALK** is a three-hour suicide alertness training session designed for use where ASIST is already available.
www.asist.org.uk

**STORM** is a skills-based self-harm risk assessment and management training programme. It is designed for staff working with children or adults in healthcare, social care, education and criminal justice to intervene before, during and after crisis to prevent suicide. Training is available to individual members of staff or to organisations via train the trainer, ranging from a three-hour session to a five-day complete course in suicide prevention and self-injury. The focus is on developing and assessing intervention skills.
www.stormskillstraining.co.uk

## Ambition 6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities

The government's mental health strategy[1] and 'Closing the gap'[6] document recognise the increased risk to physical illness and mortality that people with mental illness face. As a priority it wants fewer people with mental health problems to have poor physical health and die prematurely. This objective is supported by the public health outcomes framework and its indicator to reduce excess under-75 mortality among people with a mental illness.

The risk factors of premature mortality faced by people with a mental illness include poverty, discrimination, social exclusion, unemployment, poor housing, social isolation, poor access to services and physical illness. Such conditions impact on people's sense of wellbeing and their individual risk behaviours, eg, smoking, inactivity, harmful drinking, unhealthy eating. Addressing the wider determinants of health, alongside risk behaviours and physical illness, is therefore important in reducing the health inequalities in life expectancy of people with mental illness. The public health outcome framework indicators on supporting people with mental illness into employment and settled accommodation reflect this. Addressing the processes of exclusion rather than the characteristics and behaviour of excluded groups is an important recommendation from the World Health Organisation review of social determinants and the health divide.

Services have a role to play in promoting good health and wellbeing as part of recovery from and management and prevention of mental illness. This involves mental health service staff being competent in public health and making every contact count for improved health and wellbeing. It equally involves a primary care and public health workforce competent in meeting the needs of people with a mental illness and ensuring equitable access to health improvement, prevention and other public health services.

PHE is developing a programme of work to reduce the premature mortality of people living with mental illness. This includes: smoke-free mental health units; the uptake of physical health checks and the Lester guidelines;[61] better housing and employment and pre-emptive cancer screening.

### Priority workforce

- primary care: practice nurses, GPs, primary mental health care providers, allied health professions
- public health practitioners: health improvement/lifestyle behaviour change staff, screening staff, alcohol and drug treatment workforce, sexual health service staff

- secondary care: multi-disciplinary mental health service staff, eg, child, adult and later life – psychiatrists, social workers, nurses, allied health professions, prison in reach
- community and third-sector providers of services and support to people with mental illness

## Key competencies

In achieving this ambition the core principles and the following key competencies are relevant:

| Key competencies of practitioners to improve the health and wellbeing of people with a mental illness: |
|---|
| 1. Support people experiencing mental illness to make and maintain informed choices about improving their health and wellbeing (PH5L4)[62] as part of recovery (MH20),[63] including:<br>– health behaviour and physical health<br>– mental health and resilience<br>– control and participation<br>– welfare support, eg, financial management, benefits uptake, employment, housing |
| 2. Deliver care holistically; through integrating physical, psychological, spiritual and social factors within all care pathways |
| 3. Support individuals and communities in the articulation of their priorities and advocating for health and wellbeing (PH5L6) [64] |

## Priorities

1. To include public health competence within the curricula and competency frameworks of mental health service professionals, eg, psychiatrists, nurses, social workers, clinical commissioners, managerial leaders.

2. To increase access to and uptake of professional guidance and continuing professional development by the mental health service workforce to meet the physical health needs of people with mental illness, to address needs holistically and adopt a broader population health care approach.

3. To increase the roll-out and use of ‘making every contact count’ brief intervention training within the mental health service sector.

4. To develop the knowledge and skills of health improvement, public health and primary care practitioners to address the impact of mental illness on physical health, and provide

accessible and effective prevention services for people with a mental illness, eg, screening, NHS Health Check, smoking cessation, drug and alcohol, weight management, physical activity.

5. To build competence amongst statutory providers and commissioners in working with the voluntary and community sector in their locality and understanding the contribution they make to health and wellbeing.

**Practice nurse masterclasses**
UCL Partners Academic Health Science Network has delivered and evaluated a series of masterclass modules for practice nurses in London to deliver better care for people with mental health problems, including early intervention, signposting, communication with secondary care and reduced stigma. Modules cover mental health awareness, behaviour change, physical health and mental illness, wellbeing and managing co-morbidities with a psychological approach. Mental health service staff deliver the training and there is a reciprocal arrangement for them to receive physical health training.
www.uclpartners.com/our-work/academic-health-science-network/integrated-mental-health/practice-nurse-masterclasses
Health checks for people with mental illness http://physicalsmi.webeden.co.uk/

**Community physical health coordinator role**
Research and development in the Manchester Mental Health and Social Care Trust resulted in a new model to implement a sustainable integrated service user pathway that supports prevention, early diagnosis, treatment and management of physical health problems as part of overall treatment and care of people with a severe mental illness. The model includes a community physical health coordinator, multi-disciplinary team meetings with primary care, physical health education, community physical health assessments and increasing utilisation of current physical health resources.
http://clahrc-gm.nihr.ac.uk/resources/mentalhealth/

**Rethink: physical health resources**
Rethink mental illness charity has developed a comprehensive range of materials to build confidence and raise awareness of the physical health needs of people affected by mental illness. The resources are designed for professionals across primary and secondary care and include: an integrated physical health pathway, health check tool, good health guide, guide for carers, factsheets and e-learning package. Rethink also supports a provider innovation network.
www.rethink.org/about-us/health-professionals/physical-health-resources

**Further resources:**
Lester guidelines
http://rcpsych.ac.uk/quality/nationalclinicalaudits/schizophrenia/nationalschizophreniaaudit/nasresources.aspx

Integrated physical health pathway and commissioning toolkit www.rethink.org/phc

London mental health models of care – competency framework for all those working with people with mental health problems in London

Skills for care common core principles to support good mental health and wellbeing in social care www.skillsforcare.org.uk/Skills/Skills.aspx

# Implementation

PHE will work with partners to implement the priorities set out above. Fourteen leading national organisations have endorsed the framework, as set out in the call to action.

## 1. We encourage local, regional and national partners responsible for leadership and workforce development, including commissioners, providers, managers and professional bodies, to:

1.1 Incorporate the six ambitions in their workforce development plans and take action on the priorities.

1.2 Apply the principles and competencies to the delivery of workforce development programmes, formal training and continuing professional development.

## 2. We encourage local, regional and national partners with an interest in public health, wellbeing and mental health to:

2.1 Support the development of leaders and a workforce that is confident, competent and committed to:

- promoting good mental health across the population
- preventing mental illness, suicide and self-harm
- improving the quality of life and healthy life expectancy of people living with mental illness
- tackling inequalities and improving the wider determinants of wellbeing and mental health

2.2 Demonstrate the core principles within their own leaders and staff.

2.3 Influence the achievement of the six ambitions, priorities and key competencies across the priority workforces.

## What Public Health England will do:

PHE will develop action to support implementation of the priorities. We will work with partners to provide leadership, support and direction on joint work. We will explore specific action to:

1. Work with the national Public Health Workforce Advisory Group to oversee implementation of this framework.
2. Integrate the priorities into our work to build the capacity and capability of the wider workforce.
3. Inform the review of the UK Public Health Skills and Knowledge Framework.

4. Apply and develop the principles and key competencies.
5. Demonstrate and build leadership in the competencies within our organisation.
6. Build system leadership for wellbeing and mental health.
7. Shape the narrative on public mental health, engage partners in conversation and strengthen PHE's role in advocating, championing and influencing better practice.
8. Work with the relevant colleges, faculties and boards overseeing professional training to make mental health part of public health curricula, training and CPD.
9. Develop networking, communication and collaboration between localities and our centres and the national programme.
10. Build mental health intelligence capability through the National Mental Health Intelligence Network.
11. Support the development of best practice in brief intervention and 'making every contact count'.
12. Support increased access to mental health promotion training for frontline public health practitioners and the wider workforce.
13. Disseminate evidence and support best practice in working with communities and asset-based approaches.
14. Build public health competence among the mental health service workforce, through curricula, CPD and practice guidance.
15. Build PHE's ability to improve employee mental health and support to staff with mental health problems.
16. Support other organisations and businesses to take action to improve employee mental health and support staff with mental health problems.

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