



PHE Board Paper

Title of meeting	PHE Board
Date	Wednesday 26 November 2014
Sponsor	Kevin Fenton
Title of paper	Public Health England's approach to improving the public's mental health

1. Purpose of the paper

- 1.1 The purpose of this paper is to outline Public Health England's (PHE) existing work to improve public mental health and to set out proposed forward action that gives more emphasis to prevention.
- 1.2 The paper is distributed to the Board, invited panel of external experts, and the public, as background to the discussion and reflection at the PHE Board meeting on the theme of: "What is the public mental health priority from your perspective - and what do you think Public Health England can do to lead this agenda?"

2. Recommendation

- 2.1 The PHE Board is asked to **NOTE** and **COMMENT** on the contents of this paper and the recommendations of the invited panel of external experts.

3. Background and context

- 3.1 Mental health is an increasingly high profile issue and is prominent on the Government's policy agenda. A number of key strategy and policy documents build on the cross-Government strategy 'No Health Without Mental Health' published in February 2011 [1].
- 3.2 Recently the Chief Medical Officer (CMO) published her own, independent report on public mental health [2]. This was the first CMO report ever to concentrate solely on mental health.
- 3.3 Government policy is clear: that mental health is to be given equal status, or parity of esteem, to physical health. This includes parity not just in health and social care services, support and treatment, but in terms of public health and health improvement.
- 3.4 Prior to PHE's existence in April 2013, there was no national public health agency investing in or committed to public mental health. PHE made firm commitments to improving public mental health in the Government's 'Implementation Framework for Mental Health' in July 2012 [3]. Since its formal foundation PHE has continued to invest in mental health as a key area, and grown its activity in public mental health. It has taken a series of actions to support and embed mental health work the within the public health system.
- 3.5 To date this has seen direct investment and growth in:
 - a) A new national public mental health team of 10 whole time equivalent staff

with a budget of £1.4m.

- b) A new National Mental Health, Dementia and Neurology Intelligence Network, jointly developed with NHSE, with a planned staffing of 12 whole time equivalents and an annual budget in excess of £1m.
- c) Investment from all four of PHE's Regional Centres. For example, PHE London along with strategic partners has made mental health a priority public health issue for London.
- d) A network of 15 Local PHE Centres, each with a Public Mental Health lead.
- e) Continual investment in psychological resilience as part of the emergency response managed and coordinated by PHE's Health Protection function.
- f) PHE as an employer has invested in work to enable it to meet its ambition of being a mentally healthy employer. This includes enhancing PHE's Occupational Health function, supporting a Wellbeing Champions network, being a signed up Time to Change employer, and training staff in Mental Health First Aid.

3.6 PHE is also directly investing in a range of projects that add to a greater understanding and bring varied benefits, for example the Wellbeing What Works Centre, an enquiry into the use of screening services by people with mental health problems, community-based interventions, suicide prevention projects, and employment and mental health programmes among others.

3.7 In addition to the above direct investments, PHE, alongside partners such as the Department of Health, provides other resources, programmes and funds that impact on mental health and also benefit people with mental illness. These include universal programmes, screening and immunisation services, prison healthcare, healthcare public health, work on dementia, PHE health protection work, PHE microbiological services, knowledge and intelligence services, initiatives on children and young people's emotional health and wellbeing, work on addressing inequalities, as well as PHE's broader work in areas such as physical activity, obesity, sexual health and tobacco cessation.

3.8 Progress has been made, initial investment has been secured and a helpful start has begun, particularly in embedding and integrating mental health in work across the functions and programmes of the Health and Wellbeing Directorate, the Chief Knowledge Officer Directorate and more widely across PHE. This has been achieved at a time of limited resources and considerable resource challenges. These are likely to become even more acute over the next few years. Going forward, the supporting infrastructure built since 2013 needs continuity. In the meantime, decisions have to be made as to where next to concentrate limited resources.

4. Progress to date

A Guiding Framework

4.1 PHE has taken its public mental health work forward within the CMO recommended World Health Organization (WHO) framework for public mental health. This includes actions across three interconnected areas:

- a) Improving promotion of good mental health across the population.
- b) Preventing mental health problems, mental illness and suicide prevention.
- c) Improving the quality of life, health and wellbeing of those living with and recovering from mental illness.

Explicitly, PHE's work is divided between:

- a) Mental health
- b) Mental illness

4.2 When it comes to promotion and prevention, PHE has taken the view that the fastest and most effective course of action would be to act holistically, sidestepping the existing false distinction between mental and physical health. PHE needed to embed the promotion of good mental health and the prevention of illness across all its other major programmes of work in public health. This has already been done, and the 'lifecourse approach' taken by all teams, across all programmes and interventions has mental health as a central concern.

4.3 The promotion of good mental health has considerable benefits in areas such as physical health, education, employment, reducing crime, improving life skills and for addressing some of the key health challenges in children and families' health, obesity, alcohol, smoking and sexual health. Improving the public's mental health would be made significantly easier by addressing the key social determinants of health and wellbeing. There is also a strong two-way relationship between inequality and poor mental health and mental illness. Making progress on addressing poverty, having a decent income / living wage, a fair and equitable welfare benefits system, decent work, a good home, friends and companions, and good health are all key to better population mental health.

Initial Priority Areas for PHE

4.4 To underpin public mental health, PHE is engaged with the following projects:

- a) The launch in June this year of the first **National Mental Health, Dementia, and Neurology Intelligence Network**, co-produced with NHS England and other partners. Its research will provide local authorities with the best current information to help map, understand and address mental health issues in a way that is relevant to their communities and their needs.
- b) Collecting and disseminating **evidence** - providing access to good information is essential for local planning and commissioning. PHE provides briefings, updates and resources that are helpful in bringing evidence, practice and experience to the fore.
- c) The development of a national **workforce and leadership** action plan to help build the skills, capacity and competencies of both the specialist and generalist public health workforce in mental health. This plan will be published shortly.
- d) The creation of a **national network** of local PHE Centres and other public mental health practitioners.
- e) **Support to Government and Policy** via PHE membership of national forums, Boards and Ministerial Advisory Groups.

4.5 Specific programmes of work have begun on:

- a) **Children, young people and families** – embedding mental health into all aspects of the work taken forward by PHE and partners. There is particular focus on ante natal care, post natal support and emotional and mental health in schools.
- b) **Employment and working life** – a programme of support to external partners and stakeholders as well as a specific internal drive within PHE.
- c) **Suicide prevention** – support to the implementation and delivery of the National Suicide Prevention Strategy through developing guidance and resources and piloting a real time data surveillance system.
- d) Taking forward a major programme of work with NHS England and other partners on **improving the quality of life, health and wellbeing of those living with and recovering from mental illness**. Includes work on physical health (including physical health Commissioning for Quality and Innovation (CQuin) and the development of the Lester Tool), smoking cessation (includes smoke free mental health units), and ensuring people with mental health problems have equal access to the universal health screening and health improvement programmes.

This work includes '**A Day in the Life**'. PHE has commissioned a national web-based platform for people with mental health difficulties to share lived experiences. The year-long project will focus on what makes illnesses better and what factors make them worse on any given day. The project will give us a huge amount of qualitative, co-produced research data. The blog has received a lot of media attention, which brings the added benefit of increasing public awareness.

4.6 In addition to the above, other key strands of work include ensuring mental health is embedded as part of the following key public health themes:

- a) **Social marketing** – piloting specific public mental health work in social marketing and working to embed mental health promotion messages in key social marketing programmes and campaigns, including digital work.
- b) **Community approaches and assets** – ensuring that there is a focus on promoting health and wellbeing in community settings and mobilising useful assets within communities.
- c) **Wellbeing** – supporting a broad focus on wellbeing and within this helping to ensure wellbeing for those living with and recovering from mental illness.
- d) **Addressing Inequalities** – the work of PHE on health equity and addressing inequality has mental health at its core.
- e) **Media and Communications** – ensuring that opportunities are taken to harness mass media and new forms of communication to advance public mental health work.

5. The Future

5.1 PHE will continue to build on the work outlined above, aiming to embed mental

health and its improvement as a foundation stone in all that it does.

- 5.2 PHE's published priorities for the next five years [3] make it clear that mental health is a key area of focus. The promotion of good mental health is to be embedded alongside all seven of the key priorities, ensuring benefits to the general population as well as those living with mental illness. PHE's embedding strategy is the primary focus of its public mental health programme.
- 5.3 PHE also wishes to give more focus to supporting work that can help the prevention of mental illness. This is a key part of the agenda for parity and equality for mental health.
- 5.4 PHE's stakeholders have made repeated calls for more focus on prevention.
- 5.5 PHE's partners are asking the organisation to step into a national leadership role on prevention in mental health. They are calling on PHE to use its influence and its evidence focus to be more explicit as to what interventions could be most usefully invested in, rolled out and scaled locally and nationally, and how PHE can more successfully integrate and embed mental health promotion and prevention across the public health system.
- 5.6 There is one proviso to be made: promotion of good mental health and early prevention has to be set up for the long term. There are no quick fixes, and no 'easy wins' to be made; good practice has to be sustained in order for it to work. There is a good evidence base upon which to draw, and NICE has already published some helpful guidance. This and other evidence, particularly from abroad, needs to be more effectively mobilised and adopted.
- 5.7 **As a first step in responding to these calls, PHE proposes to establish a new National Mental Illness Innovation and Prevention Collaborative.**
- 5.8 A short-life working group involving key experts and stakeholders would be established, coordinated by PHE. Clear recommendations as to interventions that put best evidence into practice, and have the most potential impact for local commissioners will be identified. A report with recommendations would be produced by June 2015. The work will identify key actions across the lifecourse – for example: maternity, early years, parenting programmes; school based work; work in employment and with employers and work on older adults' mental health.
- 5.9 A key area of focus would be on the early years, childhood and adolescence, building on the work that is already underway as outlined above and integrating this work across PHE. The Department of Health the recently established Children and Young People's Mental Health Task Force as a result of concerns from key stakeholders, PHE is represented on the Taskforce and this work will feed into the taskforce.

6. Summary

6.1 Going forward PHE will:

- a) Encourage, convene and stimulate debate and discussion on public mental health and help shape the narrative for more emphasis on promotion and prevention.
- b) Produce a PHE approach to public mental health, building on PHE's recently

- published priorities document.
- c) Embed mental health in all we do, specifically the seven priorities we published [4] alongside NHS England's 5 year plan.
 - d) Support work on wider wellbeing as one of the future drivers and opportunities for improving the public's health.
 - e) Invest in and help establish the world's first national Wellbeing What Works Centre. <http://whatworkswellbeing.org>
 - f) Continue to lead and support work which relates to the early recognition of common mental health problems and improving the lives of people living with mental health problems
 - g) Continue to develop the national mental health dementia and neurology intelligence network and ensure that all three areas of the WHO framework are included. <http://www.yhpho.org.uk/default.aspx?RID=191242>
 - h) Support the further development of metrics for wellbeing, mental health promotion and prevention. And indicators of progress for improved outcomes to measure the public's mental health.
 - i) Support the development of the public health workforce and leaders in public mental health.
 - j) Collect and disseminate evidence of what works in mental health promotion, mental illness and suicide prevention and mental healthcare public health.
 - k) Encourage investment in research and evaluation to help add to and improve the evidence base.
 - l) Produce a practical standard evaluation tool for use by local areas to evaluate local innovation
 - m) Collect information from people and communities on what helps and what hinders their mental health and wellbeing. <https://dayinthelifemh.org.uk>
 - n) Take forward work on a national collaborative on prevention to report in June next year.

References:

- [1] *No health without mental health A cross-government mental health outcomes strategy for people of all ages* Department of Health, February 2011
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
- [2] *Annual Report of the Chief Medical Officer 2013 Public Mental Health Priorities: Investing in the Evidence* Department of Health, September 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf
- [3] *No health without mental health: implementation framework*, Department of Health, July 2012
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/137645/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf
- [4] *From evidence into action: opportunities to protect and improve the nation's health* PHE, October 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf

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